OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5286 CERTIFICATE OF DEATH

Reg. Dist. No. 30

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|--|
| county Baltimore Maryland | STATE Md. COUNTY |
| CITY (If outside corporate limits, write RURAL LENGTH OF ST | TAY CITY(If outside corporate limits, write RURAL and give nearest town) |
| X TOWN Baltimore (Rural) (in this place | OR TOWN Baltimore 3vol-4 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 98 Smithwood Ave. | STREET (If rural give location) ADDRESS 2500 Blk N. Charles St. |
| 3. NAME OF (First) (Middle) | (Last) A. DATE (Month) (Day) (Year) OF DEATH: June 21, 19 55 |
| RACE: WIDOWED DIVORCED | July 3, 1883 71 yrs. If under 1 Year Months Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):Salesman 10B. KIND OF BUSINESS OR INDUSTRY: Jewelery | Baltimore . Md. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Unknown | Unknown |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO | . 17. INFORMANT & ADDRESS: |
| (Yes, no, or unk.) (If Yes, give war or dates 212-01-1250 | Mr. Gerald Ackerman - Ashton, Md. |
| IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | ermine / Phant Disease |
| 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA | 20. A010F517 |
| | YES NO |
| 21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office because in the control of the | factory, ldg., etc. 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR? |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR While Not while at work at work | T =H = =: |
| 22. I hereby certify that I attended the deceased from | 19 to 1, 19 that I last saw the deceased |
| SIGNATURE 170) | Edmandsa Hyr Cetasvilled and 6/21/5 |
| REMOVAL (SPECIFY) | Livet Cem Baltimore. Md. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
| REGISTRAR 6-20-55 Q W. Al works | JOHN F. DENNY, INC. 715 Light St. |

Car 1709 Edmender ar. In E. M. magrath.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5287

CERTIFICATE OF DEATH

| , objetition. | Reg. Dist. No |
|---|--|
| I. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED. |
| Baltimore MARYLAND | STATE Maryland COUNTY (3.0) |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest town) |
| TOWN Baltimore (Rural) | TOWN Baltimore (nural) |
| HÖSPITAL OR OSINSTITUTION OR STREET ADDRESS 634 Overbrook Rd. | STREET (If rural, give location) |
| STREET ADDRESS 034 OVERBOOK RG. | 634 Overbrook Rd. |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) Milton Howard All | pert DEATH June 19, 1958 |
| 5. SEX M 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr |
| 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on | 5/9/06 49 yrs. Moutes Days Rours Min. |
| done during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| Supervisor Telephone Co. | Baltimore, Md. |
| | |
| Charles Albert | Minnie Schwemm |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
| (Yes, no, or unknown) (Ii yes, give war or dates of service) | Mrs. Milton Albert 634 Overbrook Ro |
| 18. MEDICAL C | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN |
| 6 0 | ONSET AND DEATH |
| Immediate cause (a) Survales el | Meglaslasia |
| Immediate cause (a) | |
| Antecedent cause(s) | service geremona 6 mo |
| Diseases or conditions, if any, (b) | ruce Cercuoma 6 mo |
| giving rise to the above cause stating the underlying cause last | |
| (a) | |
| II. OTHER SIGNIFICANT CONDITIONS | |
| Conditions contributing to the death but not | |
| related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b MAJOR FINDINGS OF OPERATION | 20. AUTOPSY! |
| Juniary 1, 1955 Maperite Cascini | ma Joung, right children Yes 1 No 1 |
| ZI. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) I INJURY OCCURRED | I NOW DID INJURY OCCUR? |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While | HOW DID INJURY OCCOR! |
| INJURY m. Work At work | |
| C. V | 0 0 0 0 |
| 22. I hereby certify that I attended the deceased from | 19.50, to keep 19, 19.55, that I last saw the deceased |
| alive on Second (8 10.57 and that death aggreed at |): 10 A m., from the causes and on the date stated above. |
| SIGNATURA (Degree or title) | ADDRESS DATE SIGNED |
| Sidital (Mary) | |
| Stars Sand Min | 2. 620/gent Red 6/20/18 |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET | ERY OR CREMATORY LOCATION (City, town, or county) (State) |
| REMOVAL (Specify) 6/22/55 Cedar H | Baltimore. Md. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
| REG. 6-20.55 Q. W. Hedrico | JOHN F. DENNY, INC. 715 Light St. |
| Rt | Baltimore-30, Md. |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

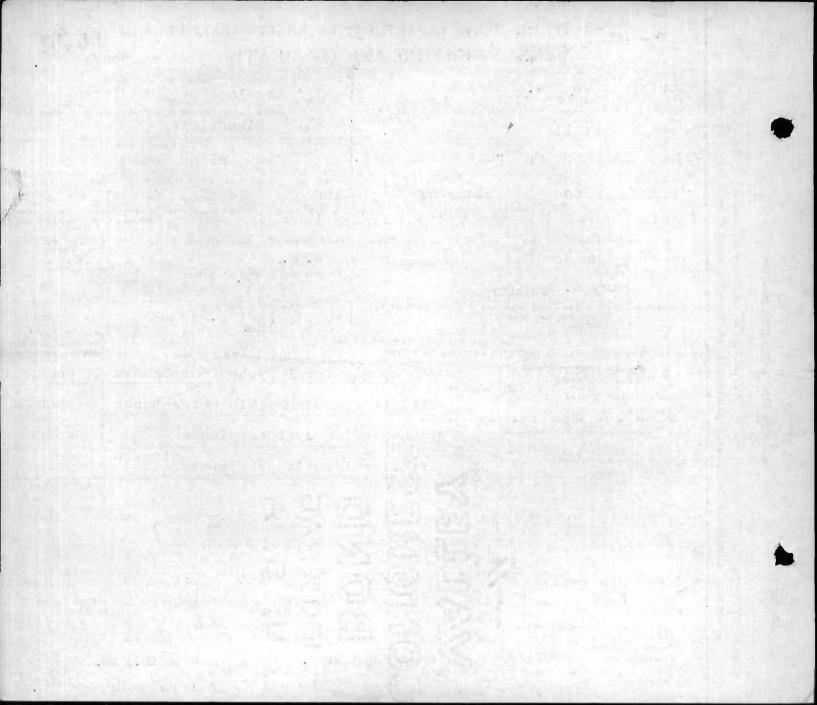
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- 620 Jak 180

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0528 CERTIFICATE OF DEATH Reg. Dist. No.

| | | | 1 | | |
|-------------|--|---|--------------------|--|--|
| oly. | 1. PLACE OF DEATH: Shring Prove State Hospital | 2. USUAL RESIDENCE (HOME) OF DECEASED | : | | |
| Sail | Spring Grove State Hospital | STATE Maryland COUNTY Balt | imore | | |
| le | CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL as | | | |
| and legibly | X OR and give nearest town) TOWN Catonsville 10 mos. | or Town Pikesville | * * | | |
| clearly | HOSPITAL OR | STREET (If rural give location) ADDRESS 605 Upland Road | 1 | | |
| cle | 3. NAME OF (First) (Middle) (| (Last) 4. DATE (Month) (D | | | |
| death | DECEASED: Jane Kingsbury A. | 7.7 or | 9 (Year) 9 1955 | | |
| of | female 6. COLOR OR 7. SINGLE. MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED | 9/ 1866 9. AGE last birthday FUNDER I VI | | | |
| causes | work done during most of working life. even if retired): housewife at home | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT | | |
| | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | | |
| write the | Henry A. Kingsbury | Sarah Hutchinson | | | |
| e writ | 15. WAS DECEASED EVER IN U.S. ARMEO FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No. 17. INFORMANT & ADDRESS: Nrs. Janet A. Zouck A. Zouck A. Zouck The product of service of servi | | | | |
| SE | no of aervice) none 605 Upland Road, Pikesville, Md. | | | | |
| please | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | |
| ns: | THIMEDIATE CAUSE | lateral pyohydronephrosis | weeks | | |
| cia | ANTECEDENT CAUSE (8) | bd.win.wolwin wotantana | months | | |
| Physicians: | GIVING RISE TO THE ABOVE CAUSE DUE TO | bdominopelvic metsastases | montais | | |
| | stating <u>underlying cause last.</u> (c) Right ovar: | ian cystocarcinoma | unknown | | |
| ani | THE PROPERTY OF THE PROPERTY O | 230000 | | | |
| important. | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosc. | lerotic cardiovascular | years | | |
| du | 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | | 20 4117020000 | | |
| | 2 | | YES NO | | |
| especially | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | ory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR? | (State) | | |
| is esp | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | | | |
| | 22. I hereby certify that I attended the deceased from 8-12 | 1954 to 6-19 1955 that I last | saw the deceased | | |
| age | | 8:35 AM, from the causes and on the date s | | | |
| ect | SIGNATURE | | E SIGNED | | |
| correct | | D. Spring Srove State Hoyfetal | 6-19-55 | | |
| 50 | 23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETE (SPECIFY) 6/21/55 Green Mount | TRY OR CREMATORY LOCATION (Vity, town, or | county) (State) | | |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | Eq. //FUNERAL DIRECTOR | ADDRESSPA | | |
| | REGISTRAR STA Hedrul | Jun. y Julius & so | ces Day | | |



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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH—BALTIMORE, | 18 |
|----------|-------|------------|----|-------------------|----|
|----------|-------|------------|----|-------------------|----|

| CERTIFICATE OF DE | 090 | CERTIFICATE | OF | DE | ATH |
|-------------------|-----|-------------|----|----|-----|
|-------------------|-----|-------------|----|----|-----|

05282

| 5289 CERTIFICAT | E OF DEATH Reg. Dist. | No. 3/ |
|---|--|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |): 1 |
| COUNTY Balto • MARYLAND CITY (If cuitside corporate limits, write RURAL or and give pearest town) Town Woodlawn (in this place) | STATE Mde COUNTY Balt CITY(If outside corporate limits, write RURAL a OR TOWN WOOdlawn | |
| HOSPITAL OR INSTITUTION OR 2613 Purnell Drive | STREET (If rural give location) ADDRESS 2613 Purnell Drive | 1 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | ISON OF DEATH: June 1, E OF BIRTH: 9. AGE last birthday 15 ONDER 1 V | Onyi (Year) 19 55 EAR IF UNDER 24 MRS Bys Hours Min. |
| DA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife at home | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHA |
| 3. FATHER'S NAME: James C. Bryant | 14. MOTHER'S MAIDEN NAME: Catherine J. Wright | |
| (Yes, no or unk.) (If Yes, give war or dates of service) 16. Social Security No. | Mr. Raleigh W. C. Allison-4943 | Cedar Ave. |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) DUE TO | my Kidny | 4da |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO | N | 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) | etc. INJURY OCCUR? | y) (Statel |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE OF INJURY M. 21E INJURY OCCURRE While Not while at work at wark | | |
| alive on 1 1935, and that death occurred a SIGNATURE | t G.O JAM, from the causes and on the date s | saw the decease stated above. E SIGNED |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETREMOVAL (SPECIFY) Burial 6/11/55 Farnham Ba | TERY OR CREMATORY LOCATION (City, town, or | county) (State |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR | Jun. J. Victore Y Sou | ADDRESS 17 |

Page 10 Right 10 Strategies 10 Strategies CALLY FIELD IN 18 HOLE The State of the S

item of information carefully. The

please write the causes of death clearly and legibly.

Supply every

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians:

V.S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| | 5290 | CERTIFICATE | \mathbf{OF} | DEATH |
|--|------|-------------|---------------|-------|
|--|------|-------------|---------------|-------|

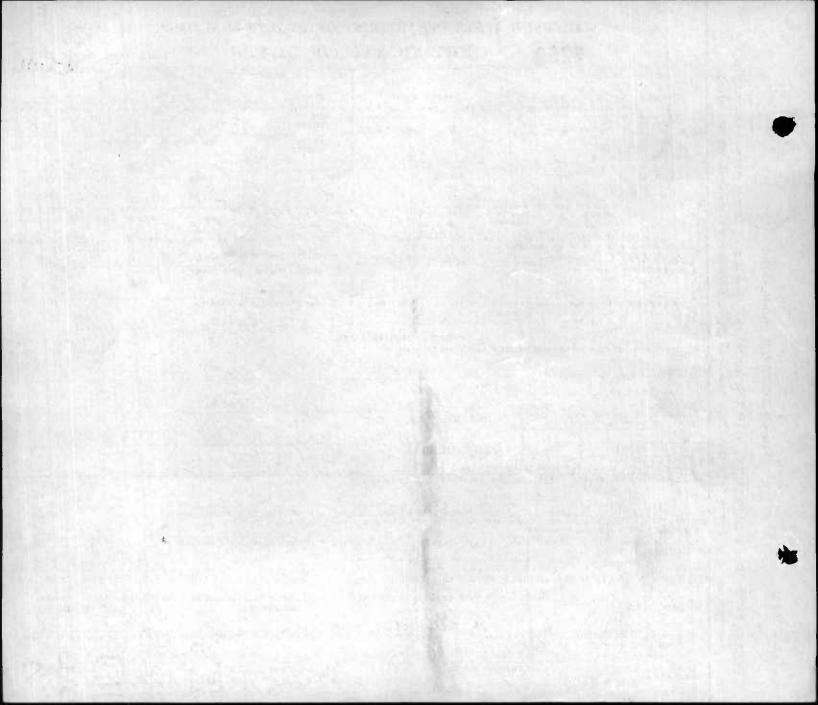
| 5290 CERTIFICATE | E OF DEATH Reg. Dist. No. |
|---|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY Baltemore MARYLAND | STATE Md, COUNTY Ballimas, |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) | CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN |
| HOSPITAL OR | de desnor |
| HINSTITUTION OR STORES State Hage | STREET (If rural give Jocation) tter address |
| 3. NAME OF (First) (Middle) (DECEASED: (Type or Print) Maude E. Ame | (Last) 4. DATE (Month) (Day) (Year) OF DEATH: Qual 14, 19 |
| S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Wigowy) | 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| work done during most of working life. We would be supported to the support of working life. We would be supported to the support of working life. | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| 13, FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Unlessen | Unknoun |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: |
| (Yes, 50, or unk.) (If Yes, give war or dates Unlenound | Jourda Spring From State Hos |
| 18. MEDICAL CERTIFICAT | ION INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| 331 IMMEDIATE CAUSE (A) Senerall | ged attriordersis |
| ANTECEDENT CAUSE (S) DUE TO | Molletus. |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) A CAUCHTE TO THE ABOVE CAUSE CAUSE TO THE ABOVE CAUSE LAST. (C) PIREMALE | Que ca las Beridout |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | (thrombosis) |
| 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | cory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR? |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from 5-2 | -, 1955, to 6-14-, 1955 that I last saw the deceased |
| alive on, 19, and that death occurred at SIGNATURE | 8.502M, from the causes and on the date stated above. ADDRESS |

BURIAL, CREMATION, REMOVAL (SPECIEV)

DATE THEREOF

SIGNATURE

DATE REC'D BY LOCAL REGISTRAR'S DIRECTOR



| (m) 2220-444 | do157310 (V231113 /VC) | / Janizvivois | |
|---|--|---|---|
| | m. Pk. Balto, Md. | Moreland Me | Burtal 6/17/55 |
| county) (Singe) | RY OR CREMATORY LOCATION (City, town, or | NAME OF CEMETE | RAMOVAL (SPECIFY) DATE THEREOF |
| SIN 1 PMA | o 2501 dock of 1 sucon | | no Lomena |
| 1/2/2/2/ | 100 | 500 | +60110 0 1001 |
| E SIGNED | | 2 m m 2 v m 2 2 c m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 | STORYNOIS |
| PROPERTY OF THE PARTY OF | S sight from the vauses and on the date s | that death occurred at | bas, 2261, 5 Long no svils |
| saw the deceased | Lest I Jad , Wel , world, Elast I last | deceased from | 22. I hereby oferlify that I attended the |
| | | L Mork 38 L Mork 38 | |
| | гать. ном вів пилиях оссияз | While Muury occurred | 21D. TIME (Month) (Day) (Your) (Hour) |
| (State) | ry. 21c. WHERE DID (City or town) (County | PLACE (Home, farm, facto | SIA. ACCIDENT WAS UNDERLYING . OF I |
| LES NO | | | 0 |
| SO. AUTOPSY? | CONTRACTOR OF THE CONTRACTOR O | INDINGS OF OPERATION | 194. DATE OF OPERATION: 198. MAJOR F |
| | | | OISEASE OR CONDITION CAUSING OF |
| 1 2 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | | 4E | TO THE DEATH BUT NOT RELATED TO |
| | | | II OTHER SIGNIFICANT CONDITIONS CON |
| ECT TO S | | (3) | |
| | | IE TO | STATING UNDERLYING CAUSE LAST. DL |
| | | (8) | DISEASES OR CONDITIONS, IF ANY. |
| | 1 | OT 30 | VALECEDENT CYNSE (8) |
| wells. | The same of his | (Y) | |
| 0 | The Market of the second | 10010 | 1'064 |
| DNSET AND CEATH | | EADING TO PEATH | I DISEYSES OF CONDITIONS DIRECTLY LI |
| INTERVAL BETWEEN | NO | MEDICAL CERTIFICATI | |
| LDLOOK HO. | Mrs. Olga M. Anderson-613 Over | | HID OF SERVICE) |
| 100 | | | (Yes, no, or unk.) (If Yes, give war or dates |
| | 17. INFORMANT & AODRESS: | 16. SOCIAL SECURITY NO. | IS. WAS DECENSED EVER IN U.S. ARMED FORCEST |
| | Christine | | Alfred Anderson |
| | 14' MOTHER'S MAIDEN NAME: | Committee District | 13. FATHER'S NAME; |
| | TIT | sto | OF I POSTANTE |
| YATHUO | | PRINDUSTRY: | work done during most of working life. |
| TAHW TO MAZITIS | 11. BIRTHPLACE (State or foreign country): 12. C | KIND OF BUSINESS | 10A. USUAL OCCUPATION (Give kind of 108. |
| iya Hours Min. | The Months Da | married April 7 | male white (Specify): |
| | OF BIRTH: 9. AGE last birthday 14 under 1 ve | DIVORCED, | E. SEX: 6. COLOR OR 7. SINGLE, 1 |
| 956T 'ET | THE STATE OF THE S | | (autrit to addr) |
| | NO. | W. ANDERS | DECEMBED: LEGUER |
| ily) (Year) | |) (Middle) | 3. NAME OF (Pitst) |
| | el3 Overbrook Rd. | ार भव | ON STREET ADDRESS 613 OVERDYOU |
| | STREET (If rural give location) | | , AO NOITUTITZNI M™N |
| V | | | RO JATI920H |
| ^ | etleanna wwor | (soalq sids ni) | A TOWN And rive nearest town) |
| d give nearest town) | CITYIN outside corporate limits, write RURAL an | TATE OF STAY | CITY (If outside corporate limits, write RU |
| Ltimore | SA YTNUOD ON TATE | ONAJYRAM | COUNTY BALTIMOTE |
| | S. USUAL RESIDENCE (HOME) OF OECEASED: | A TOP END OF | I, PLACE OF DEATH: |
| | | | |
| .oN | OF DEATH Reg. Dist. | THOLITHIA | TEGC |

MARGIN RESERVED FOR BINDING

VS. A15-10-53 THE RESIDENCE OF SOME PROPERTY OF THE PARTY OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH

5292

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No......

Baltimore, Md.

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY Baltimore County STATE Md . MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (If outside corporation give nearest town) Catonsville, (in this place) Baltimore. TOWN TOWN HOSPITAL OR INSTITUTION OR STREET 21 N. Monastery Ave. Pines Nursing Home, 16 Fusting Ave. ADDRESS STREET ADDRESS 4. DATE 3. NAME OF (Middle) (Last) (Month) (Day) (Year) DECEASED June 25. 1955 Walter Francis Appleby, DEATH (Type or Print) 19 7. SINGLE, MARRIED, 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last hirthday | If under 1 year | If under 24 hrs. WIDOWED, DIVORCED (Specify) WIDOWEY Months | Days | Hours | Min. white male May 21. 1886 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work) 12. CITIZEN OF WHAT done during most of working life, even if retired Retired Police Sargent.

13. FATHER'S NAME Balto. COUNTRY? Washington, D. C. 14. MOTHER'S MAIDEN NAME Israel D. Appleby Mary Frances Habbersett 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of 213-28-1864 Mrs. Dorothy R. Stallings, 3321 Shelbourne Rd service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION No F 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 157, 19 to June 25, 19 55, that I last saw the deceased 22. I hereby certify that I attended the deceased from A.m., from the causes and on the date stated above. alive on June 23, 1955, and that death occurred at 020 (Degree or title) DATE SIGNED SIGNATURE 4123 Frederick Ave. June 1955 DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION (State) REMOVAL (Specify) 8 Mt. Olivet Cemetery, Baltimore, Md. I REGISTRAR'S DATE/REC'D BY LOCAL ADDRESS 4611 Park Heights Ave.

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VS. A15

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of information carefully death clearly and legibly.

every item

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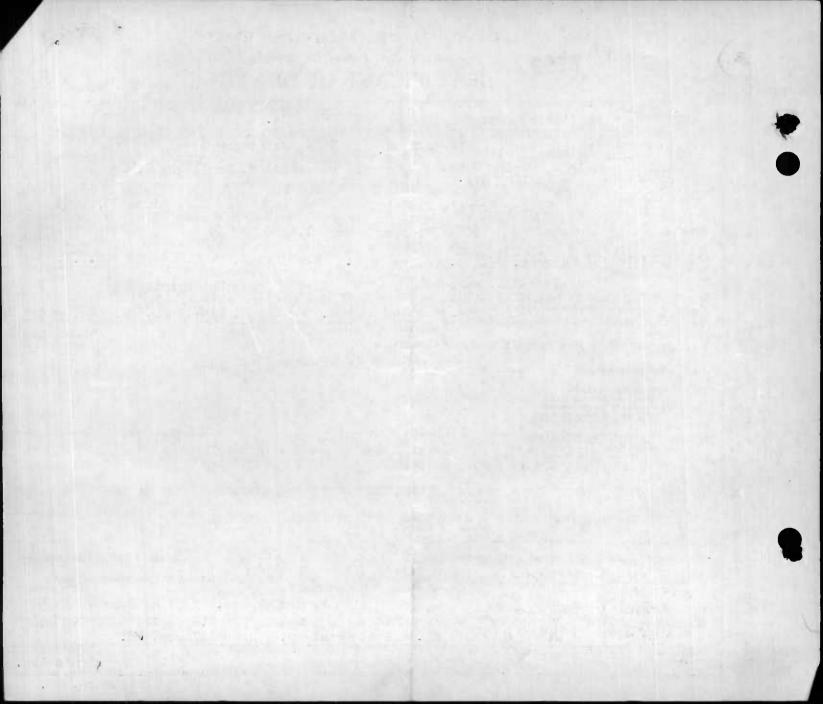
UNFADING t. Physicians:

PLAINLY, WITH U is especially important.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1805286 Item 12, Film 184 7-25-55 et CERTIFICATE OF DEATH Reg. Dist. No.

| 5279 | OMMITTORI | 12 OF DIS. | Reg. Dist | t. No. // |
|---|---|-------------------|---|------------------------|
| I. PLACE OF DEATH: | | 2. USUAL RESID | DENCE (HOME) OF DECEASED: | . 2.12 |
| county Baltimore | MARYLAND | STATE | | NTY. |
| CITY (If outside corporate limits, von OR and give nearest town) 53 TOWN Dundalk | write RURAL LENGTH OF STA (in this place) | OR | ide corporate limits, write RURAL : | and give nearest town) |
| IIOSPITAL OR INSTITUTION OR STREET ADDRESS 6906 Broad | ntwood Ave. | STREET ADDRESS | (If rural give location 3906 Brentwood Ave. | n) / |
| 0300 DIE | itwoodve. | | | |
| 3. NAME OF (First) DECEASED: (Type or Print) OTTO | (Middle) | (Last) BAKER | 4. DATE (Month) (Da OF DEATH: June 16, 19 | 955 19 |
| RACE: V | VIDOWED, DIVORCED, Specify) Widowed July | 19, 1883 | 71 yrs. | Days Hours Min. |
| IOa. USUAL OCCUPATION Give kind work done during most of working li even if retired): Millwright | of 10b. KIND OF BUSINESS | OR 11. BIRTHPLAC | E (State or foreign country): 12. | COUNTRY? S.A. |
| 13. FATHER'S NAME: | | 14. MOTHER'S MA | | |
| August Baker | | Anna ? | | |
| 15 WAS DECEASED EVER IN U.S. ARMED FOR | | 7. INFORMANT & A | DDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dat service) | 213-09-0586 | | haw 6906 Brentwood | Ave. |
| | 18. MEDICAL CERTIFICA | TION | | Interval Between |
| I. DISEASES OR CONDITIONS DIRE | (a) | nary to | tiroutosis | Onset And Death |
| | DUE TO MAS | additis | , dernic | 2ms. |
| giving rise to the shove couse | DUE TO | resolle | iniz | 1 year |
| 11. OTHER SIGNIFICANT CONDITION Conditions contributing to the death related to the disease or condition ca | hut - at / - /7 // A & | uputated de | el trempolism farte | y 2 ms. |
| 19a. DATE OF OPERATION: 19b. M. | AJOR FINDINGS OF OPERATION | | 0 | Yes No Y |
| SUICIDE | PLACE (Home, farm, factory, street office bldg., etc.) INJURY | et, (CITY OR TO | WN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hoof OF INJURY | ur) INJURY OCCURED While at Not While m. Work At Work | HOW DID INJU | RY OCCUR ? | |
| 22. I hereby certify that I attend | | | in 16, 19 JJ, that I las | |
| alive on full 19.3., SENATURE | and that death occurred at . (Degree or title) | Judall A X | om the causes and on the date | DATE SIGNED |
| 23. BURIAL, CREMATION, DATE TO REMOVAL (Specify) | HEREOF NAME OF CEMET 18, 1955 Churchvill | e Cemetery | Y LOCATION (City, town, of Oberland, Penna. | county) (State) |
| DATE REC'D BY LOCALL REGISTI | | 24. FUNERAL DIE | | ADDRESS |
| Presistrar/8-1933 Mes | Riam M Kelly | Ullrich Fur | neral Home 2112 Dunda | alk Ave. |



SEL IS NUL

OBALD SW

| W | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06261 |
|-----------------|---|--|
| N | correct | 5293 CERTIFICATE OF DEATH Reg. Dist. No. 45 |
| 100 | | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| | The | COUNTY BALTIMORE MARYLAND STATE 17D COUNTY BALTO |
| - | y. | CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL, and give nearest town) |
| | full | OR and give nearest town) SIL TOWN ESSEX (in this place) OR TOWN ESSEX 54 |
| | d l | HOSPITAL OR STREET (If rural, give location) |
| | of information carefully. death clearly and legibly | INSTITUTION OR TOUR TH AVE. ADDRESS 704 MYRTH AVE. |
| | arly | 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) OF |
| ī., | cles | (Type or Print) NINA M. BARROW DEATH: JUNE 19 19 3J |
| | nfo tth | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR HOURS Min Months Days Hours Min |
| | f i dea | FEM. WHITE (Specify DOWED APR. 17-1868 87 yrs. 2 12 |
| 5 | causes of | work done during most of working life. INDUSTRY: |
| N.E. | iter | even if retiged: HOME |
| E Z | ry | 13. FATHER'S NAME: |
| BI | e C | EDWARD MANWELL ELECTRA ANN S |
| FOR BINDING | Supply every write the cau | 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of |
| | ppl | HUNTER BAROW ABOVE |
| GB GB | | 18. MEDICAL CERTIFICATION INTERVAL BETWEE |
| E E | INK. | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: |
| SE | ple | Immediate cause (a) Cerebrat Memorings 8day. |
| MARGIN RESERVED | | DUE TO |
| 7 | DI | Antecedent cause(s) Diseases or conditions, if any, (b) Ortino - relevotive Cardio - 9 27 |
| G | FA | giving rise to the above cause DUE TO |
| AR | UNFADING Physicians: | (c) (b articles correspond to a representation |
| M | it. | II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not |
| | tan | related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? |
| | W | Yes No. |
| | WRITE PLAINLY, WITH age is especially important. | 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) |
| | Ila | HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? |
| | LA | OF Not while Not while While at Not while work at work |
| | es] | 22. I hereby certify that I attended the deceased from June, 1946., to June 29 55, that I last saw the deceased |
| | ITI si | alive on June 28, 1953,, and that death occurred at 6.30 4 m., from the causes and on the date stated above. |
| = | VR age | SIGNATURE (DEGREE OR TITLE) ADDRESS |
| 0 10 10 | | Joseph apale 40 423 Earling and 11/53 |
| 10 | 4S] | 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) |
| A1 | PLEASE | DATE REC'D BY LOCAL (REC'STRAR'S SIGNATURE 24 EUNERAL DIRECTOR ADDRESS |
| ρά | PI | REG. 7-2-55 Codish Herely Jan 9. Connelly berry no |
| 12 | | The same and the s |



BUREAU V. S.

report of the section of

4. 5. 8. 5.

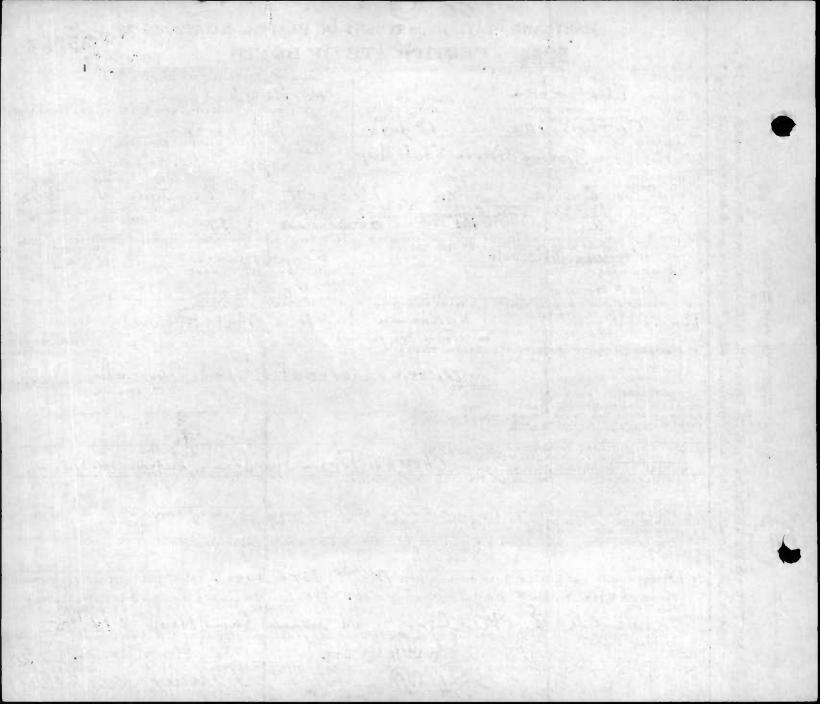
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians:

Supply every item of information carefully. The

N

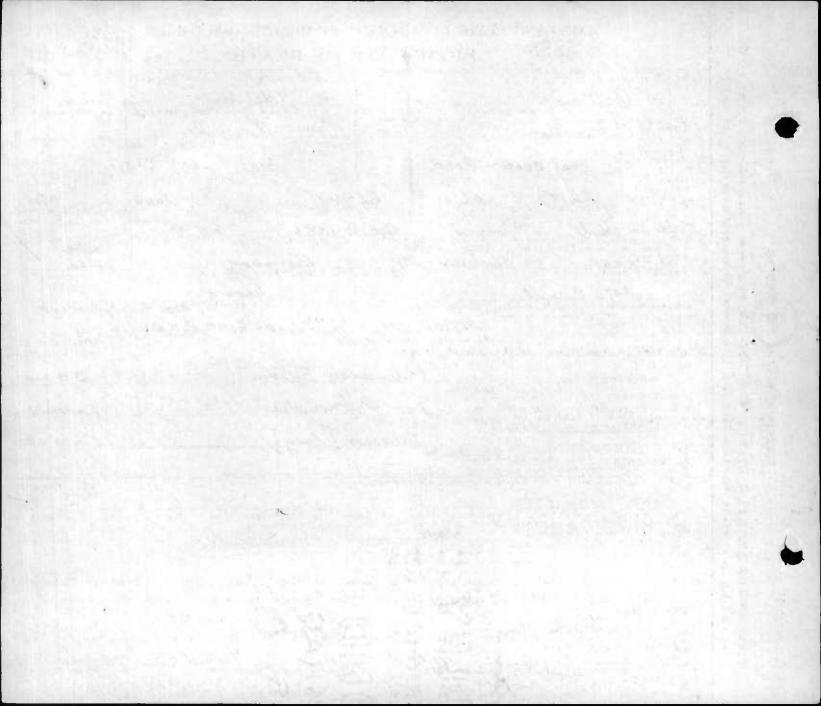
please write the causes of death clearly and legibly.

| MARYIAND STATE DEDARTMENT | OF HEALTH DALTIMODE 10 |
|--|--|
| MARYLAND STATE DEPARTMENT 5294 CERTIFICATE | ncoon |
| | 2. USUAL RESIDENCE (HOME) OF DECEASED: 6 |
| COUNTY Baltimore MARYLAND | STATE MARY LAND COUNTY |
| CITY (If outside corporate limits write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL and give nearest town) |
| TOWN Cators ville If days | TOWN Baltimon - 3401.4. |
| HOSPITAL OR | STREET (If rural give location) |
| HISTITUTION OR Specing Green State Hosp | ADDRESS 3025 Windson ave 1 |
| 3. NAME OF (First) (Middle) (Ls | (Ast) 4. DATE (Month) (Day) (Year) |
| (Type or Print) Lella M. 13en | THETT DEATH: JUNE 4 1958 |
| | 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. |
| OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| even if retired core (Proposewife | Pennylvania USA. |
| | 14. MOTHER'S MAIDEN NAME: |
| UNKNOWN | Unknown |
| | 17. INFORMANT & ADDRESS: |
| (Yes, no, or unk.) (If Yes, give war or dates un Known of service) | Has pidal Records |
| 18. MEDICAL CERTIFICATIO | ON INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| | Jerotic Cardio-Uyscular Yeurs |
| ANTECEDENT CAUSE (8) | disease |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | |
| (C) | |
| TO THE DEATH BUT NOT RELATED TO THE CHOOKE STORY | Brain Sun drome aretenoschowi Ver |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| DF INJURY M. 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from Man | 7. 1955 to June 4. 1958, that I last saw the deceased |
| alive on June 4, 1958, and that death occurred at 1 | _ 10 |
| Frederick E. Thelyer M.D | |
| | . Main Pray Have LIGIT |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER | |
| | RY OF CREMATORY LOCATION (Coy, town, or county) (State) |



| RESI | TINE |
|-------------|---------------------------|
| MARGIN | WITH IINE |
| M. | ASE TYPE OR WRITE PLAINLY |
| | WRITE |
| | OB |
| 66 - 01 611 | TVPF |
| | Į. |
| 1 | G |

| The | MARYLAND STATE DEPARTMEN 5295 CERTIFICATI | n E | 28832 | |
|--|--|--|------------------------|--|
| ully. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: | |
| carefully legibly. | COUNTY Boltimore MARYLAND | STATE Maryland COUNTY BOX | tiriore. | |
| | CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN (in this place) | CITY(If outside copporate limits, write RURAL OR TOWN | and give nearest town) | |
| y | HOSPITAL OR | STREET (If rural give location |) | |
| nform | STREET ADDRESS 4101 COLBY Road. | 4101 COLBY COAT | 7. | |
| f.ii. | 3. NAME OF (First) (Middle) DECEASED: | OF | (Day) (Year) | |
| m of i | (Type or Print) FRITZ KARL BE 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | OF BIRTH: 9. AGE last birthday IF UNDER 1 | 7 1955 | |
| ite of | Male RACE: WIDOWED, DIVORCED, (Specify): | The state of the s | Days Hours Min. | |
| every | 10A. USUAL OCCUPATION (Give kind of North Mone during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT | |
| | even of retired: ER Electrical - Mfg. 13. FATHER'S NAME: | Germany | USA. | |
| Supply te the c | 13. FATHER'S NAME: | 14. MOTHER'S MAIDON NAME: | | |
| Sul te t | OTTO Berndt. | Unknown. | | |
| W. W. | 15. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SDCIAL SECURITY ND. | (wife): | | |
| Se E | 2 No of service) 215-01-1279 | 4101 COLBYROAD, PIKESVILLE | | |
| NG plea | 18. MEDICAL CERTIFICAT | rion | INTERVAL BETWEEN | |
| ADING s: plea | 523.0 | vary Elema. | 0.7 | |
| E = | DUE TO | 1) cuma. | W.3 mb | |
| UN | DISEASES OR CONDITIONS, IF ANY, (B) | Imound is | 5 7 | |
| TH | GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | | Sign More! | |
| WITH | (c) Silicosi | is I lung (| 5 in or were) | |
| Y, T | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | 2 03 | 1 | |
| NL | DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | ν | | |
| LAIN y imp | O NONE - | | YES NO NO | |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) 21A. OCCIDENT WAS UNDERLYING 121B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) COUNTY OF COUNTY OF INJURY Street, office bldg., etc. INJURY OCCUR? | | | | |
| WRIT is espec | | | | |
| OF Se | 22. I hereby certify that I attended the deceased from 5 June, 1955, to 7 June, 1955, that I last saw the deceased | | | |
| च छ | alive on 7 3000, 1955, and that death occurred at | 4:15 M, from the causes and on the date | stated above. | |
| 1/4 1/16 1/16 1/16 1/16 1/16 1/16 1/16 1 | | | | |
| EASE | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET | ERY OR CREMATORY LOCATION (City, town, | | |
| PLI | DATE REC'D BY LOCAL V REGISTRAR'S SIGNATURE | X124 FUNERAL DIRECTOR | APDRESS | |
| | REGISTRATE JS ALL HERY | Hrank H. Neurll-1 | Thesville Me | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 38

COUNTY

(Day)

(Year)

9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Interval Between Onset And Death 20. AUTOPSY ? Yes No (COUNTY) (STATE) 6. 1955, that I last saw the deceased from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) (State) ADDRESS

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Physicians:

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PLEASE TYPE

1. PLACE O Work done WAS DECEAS (Yes, no, or un DISEASES O GIVING RISI STATING UN

| MARYLAND STATE DEPARTMEN | T OF HEALTH—BALTIMORE, 18 05240 |
|--|---|
| 5297 CERTIFICATE | |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE |
| COUNTY Baltemore MARYLAND | STATE Hd. COUNTY Internere |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give narest town) (in this place) TOWN Cothless velle Mo year Cham | CITY(If outside corporate limits, write MURAL and give nearest town) OR TOWN Rusing Sun. MA |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS HARONIC Tome | STREET ADDRESS 1 If Jural give location) |
| DECEASED: (Type or Print Ital Rhoda A. Br | (Last) 4. DATE (Month) (Day) (Year) OF DEATH: LETTER (1955) |
| 5. SEX: 6. COLOR OR 7. SHOSE. MARRIED. RACE: WIDOWED. BIVORCED. (Specify) WILLIAM DIC | OF BIRTH: 9. AGE last birthday 11-1869 - 85 yrs. 11-1869 - 85 yrs. |
| OA. USUAL OCCUPATION Give kind of work done during most of working life, even if retirol: | Helengton Del 12. CITIZEN OF WHAT |
| Veter Hartenstein | Sarah B. Jackson |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | Hasoric Home Cochesprille M. |
| 18. MEDICAL CERTIFICAT | |
| T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 100,0 IMMEDIATE CAUSE ANTECEDENT CAUSE (8) | Sclerotic Heart Disease |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR? |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from Dec | 12, 1953 to June (1955 that I last saw the deceased |



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A15

Š

22. I hereby S. and that death occurred at /2 PM, from the causes and on the date stated above. alive on SIGNATURE DATE SIGNED

M. D. (City, town, or county) DATE THEREOF NAME OF CEMETERY CREMATION.

(State)

REMOVAL (SPECIFY) DATE REC'D BY LOCAL

BUREAU V. S.

SSGI OI NUL

BECEINED

Washington St. Annapolis, Md.

| CERTIFICA | TITE | OT | TOTA | TITT |
|-----------|------|----|------|------|
| | | UI | | |

| OMITITION I | Reg. Dist. No. |
|---|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| county Baltimore MARYLAND | STATE Maryland COUNTY AA |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY(If outside corporate limits, write RURAL and give nearest town) |
| OR and give nearest town) (in this place) TOWN Fort Howard 56 Days | or town Annapolis 02-10-2 |
| HOSPITAL OR INSTITUTION OR | STREET (If rural give location) |
| 50 STREET ADDRESS Veterans Administration Hospit | al 22 N. Lafayette Avenue |
| 3. NAME OF (First) (Middle) (DECEASED: TOOFFINE | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) JUSEPH (NML) BE | ROWN DEATH: June 16, 19 55 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed 3/ | OF. BIRTH: 9. AGE last birthday IF UNDER 1 YEAR Months Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT |
| work done during most of working life. even if retired): Cook U.S.Naval Academy | COUNTRY? |
| 13. FATHER'S NAME: | Annapolis, Maryland U. S. A. |
| Joseph Brown | 1)11 M1 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. | Rachel Tyler |
| (Yes, no, or unk.) (If Yes, give war or dates of service) ON-WWI None | Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md. |
| 18. MEDICAL CERTIFICAT | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| 443X | TE CARDIOUACOUTAR DICEACE 30 VEARS |
| MMEDIATE CAUSE (A) | E CARDIOVASCULAR DISEASE 10 YEARS |
| ANTECEDENT CAUSE (S) | |
| DISEASES OR CONDITIONS, IF ANY, (B) OUE TO | on the state of the second of the state of the second of t |
| STATING UNDERLYING CAUSE LAST. | |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | N The state of the |
| 2 | 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? |
| . 425 | 2] 10 EE to June 16 10EE AVAIVANAVARANINA |
| 22. I hereby certify that X attended the deceased from Apr. | |
| all ve you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 2:10 M, from the causes and on the date stated above. ADDRESS DATE SIGNED |
| WILLIAM B. VANDEGRIFT M.D. | . D. VAH. FORT HOWARD, MD. 7-17-55 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) | ERY OR CREMATORY LOCATION (City, town, or county) (State) |
| BURIAL 6-19-55 Brewer Hill Date REC'D BY LOCAL REGISTRAR'S SIGNATURE | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1955 | William Reese Funeral Home |

Supply every item of information carefully. The MARGIN RESERVED FOR BINDING PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

correct age is especially important. Physicians:

please write the causes of death clearly and legibly.

VS. A15-10-53

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AINLY, WITH UNFADING INK.

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Supply every item of information carefully.

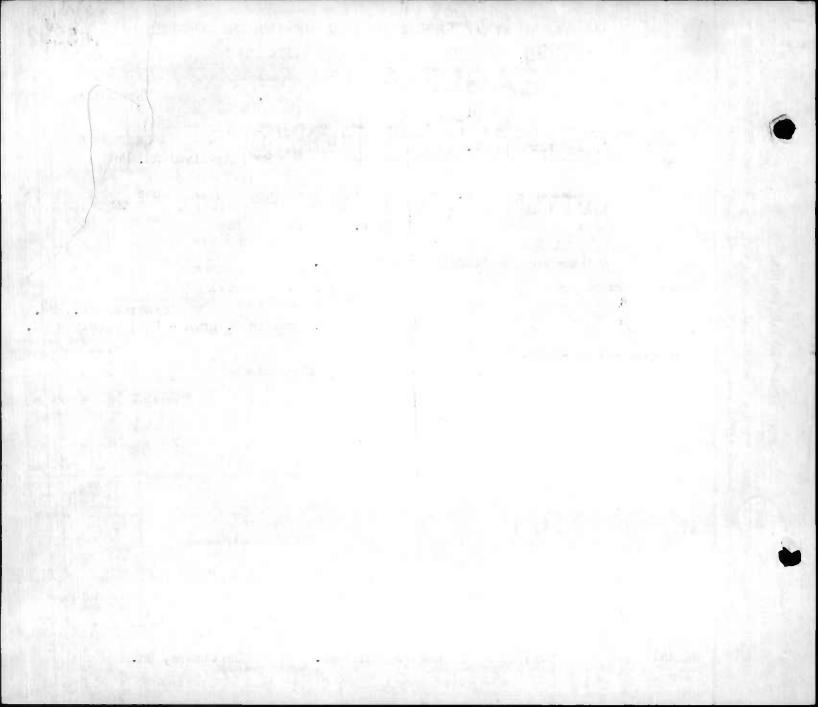
| 1 |
|--------|
| OR |
| TYPE |
| PLEASE |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5299 CERTIFICATE OF DEATH

RE, 18 05292 Reg. Dist. No.

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) DF DECEASED: | | | |
|--|--|--|--|--|
| COUNTY Baltimore MARYLAND | STATE Md. CDUNTY Baltimore | | | |
| COUNTY BALLIMOTE MARYLAND CITY (If outside corporate limits write RURAL, LENGTH OF STAY OR and give nearest town) Middle River (in this place) TOWN Ivy Hall Nursing Home | CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Lodge Forest | | | |
| HOSPITAL OR 19 Harrison St. STREET ADDRESS | STREET (If rural give location) ADDRESS 2007 Headland Rd. | | | |
| DECEASED | (Last) 4. DATE (Month) (Day) (Year) OF DEATH: June 4 19 55 | | | |
| 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. Sept Se | 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 Mrs. Months Days Hours Min. | | | |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper Wholesale Grocery 13. FATHER'S NAME: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME: | | | |
| Frances Edward Brun | Virginia Merrill | | | |
| 18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: Sparrows Pt., Md. Mr. Francis B. Brun - 2007 Headland Rd. | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | relevotre heart duesse 6 mo. | | | |
| | bral thrombosis 3 days | | | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | N 20. AUTOPSY? YES NO | | | |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | tory. 21c. WHERE DID (City or town) (County) (State) | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work | 21F. HOW DID INJURY OCCUR? | | | |
| | 8 35 M, from the causes and on the date stated above. ADDRESS AD | | | |
| REMOVAL (SPECIFY) Burial 6/7/55 Loudon Par | ERY OR CREMATORY LOCATION (City, town, or county) (State) k Cem. Baltimore, Md. | | | |



| | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 1137.00 |
|----------|--|-----------------------|
| legibly. | 530 CERTIFICATE OF DEATH Reg. Dis | t. No. 3 |
| regiony. | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE | D: (4 |
| | COUNTY Ballimore MARYLAND STATE ML COUNTY BE | llimore |
| | CITY (If outside corporate limits, write RURAL CITY(If outside corporate limits, write RURAL (in this place) OR | and give nearest town |
| | Y TOWN Syranite 50 years TOWN Whanill | X |
| | HOSPITAL OR STREET (If rural give location ADDRESS ADDRESS | · · |
| ŀ | 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) OF OF | (Day) (Year) |
| L | (Type or Print) William U., Dulla DEATH: June | H 1955 |
| | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthary IF UNDER 1 Months 1 | Days Hours Min. |
| ı | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most/of working life. OR INDUSTRY: even if retired): | CITIZEN OF WHA |
| ŀ | 13. FATHER'S NAME: | 1.2.14. |
| | Charles B. The Elisalthe Rosert | |
| ŀ | IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY ND. 17. INFORMANT & ADDRESS: | 1 |
| l | (Yes, no, or unk.) (If Yes, give war or dates of service) 700 220-09-0379 Min Emma Butto- | rante m |
| | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| | 122 IMMEDIATE CAUSE (Alardio Jascular Wilase | |
| ı | ANTECEDENT CAUSE (S) | |
| | DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO | |
| ı | STATING UNDERLYING CAUSE LAST. | |
| | (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| | 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | | YES NO |
| | 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (Cour Cour Cour Cour Cour Cour Cour Cour | nty) (State) |
| ŀ | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? | |
| | OF INJURY M. While Not while | |
| | 22. I hereby certify that I attended the deceased from 5/25/, 1922, to 6/2, 1995, that I las | t saw the decease |
| | alive on 1955, and that death occurred at 10:30/.M, from the causes and on the date | stated above. |
| | | TE SIGNED |
| | M. D. (AMACUNTUM) 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR GREMATORY LOCATION (City, town, or | r county) (State |
| | REMOVAL (SPECIFY) | ml |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR | ADDRESS |
| | REGISTRAR 6/25 Kmil Harter Retter V. Height Okake | roolle mil |

VS.

DECENTED

BUREAU V. S.

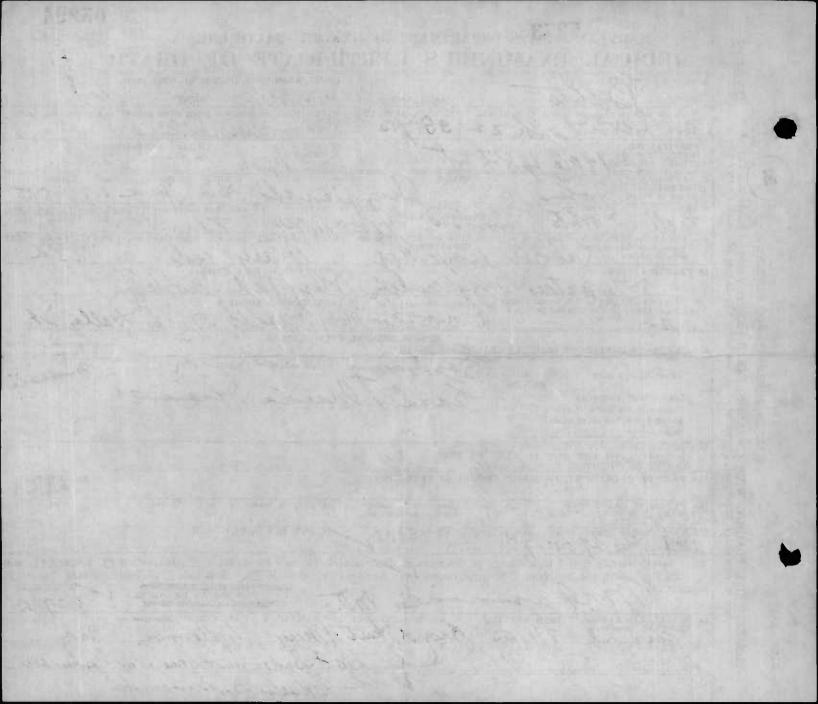
9961 8 NNC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| | MEDICAL | EXAMINER'S | CERTIFICATE | OF DEAT | H No.4/ |
|-------------|--|---|----------------------------------|-------------------------------|--|
| | 1. PLACE OF DEATH: | 01_ | 2. USUAL RESIDENC | E (HOME) OF DECEASEI |): (|
| у. | COUNTY 1211 | To MARY | LAND STATE Md | . COUNTY R | alto |
| ibl | CITY (If ordaide corporat OR and hyp nearest to | e limite write RIIRAL LENGT | TH OF STAY CITY (If outside of | corporate limits write RURA | L and give nearest town) |
| leg | OR and live nearest to | Palh 22 55 | thi Colace OR TOWN | installe 2: | 2. 53 |
| and | HOSPITAL OR | | STREET | (If rural, give loca | ation) |
| D (| INSTITUTION OR STREET ADDRESS 19 | 06 48K H | ADDRESS 190 | 6 484 | Sheet: |
| clearl | 3. NAME OF DECEASED: (Type or Print) | First (Middle) | Bus sierski | 4. DATE (Month) OF DEATH | (Day) (Year) - 27 1985 |
| death | 5. SEX: 6. FOLOR | 7. SINGLE, MARRIED, WIDOWED, SIVORO (Section 1) | ED, 4/30/1884 9. | AGE last binth ay: IF UN Mont | DER I YEAR IF UNDER 24 HRS. hs Days Hours Min. |
| of | 10a. USUAL OCCUPATION work done during me even if retired): | Give kind of 10b. KIND OF | BUSINESS OR 11. BIRTHPLACE | (State or foreign country) | : 12. CITIZEN OF WILAT |
| ses | 13. FATHER'S NAME: | words jorg | MOTHER'S MAID | EN NAME: | 10000 |
| causes | Mary | The Burgier | eke' Mary Ta | downless | |
| the | 15. WAS DECEASED EVER IN I | U.S. ARMED FORCES ? SOCIAL SEC | URITY No.: 17. INFORMANT & AI | DDRESS: | X |
| 193 | (Yes, no or unk.) (If Yes, g | 220-13 | 5-860 Mary Wuage | K 5/2 S. | Halles Sh |
| 3.2 | | | 18. MEDICAL CERTIFICATION | 1 | 1 |
| | I. DISEASES OR CONDITIO | ONS DIRECTLY LEADING TO DI | EATH: | 1 | OSET AND DEATH |
| please | Immediate cause | (a) Torre | may sell | usun | Dane - |
| pld | Immediate cause | DUE TO | 0 771 | 0 | , Tale |
| .si | Antecedent cause(s | 0. | der Vassela | Nessal | |
| Physicians: | Diseases or conditions, i | Drift mo | | | |
| Sic | stating underlying caus | se last (c) | | | |
| . hy | | CONDITIONS CONTRIBUTING | | | |
| | | NOT RELATED TO THE | | | |
| can | | N: 19b. MAJOR FINDING OF O | | | 20. AUTOPSY? |
| ort | 0 | | | | Yes No |
| important. | 21a. EXTERNAL CAUSE W PRIMARY or CONTRIB CAUSE OF DEATH. | ZAS 21b. PLACE (Home, OF street, o INJURY | farm, factory, fice bldg., etc., | (County) | (State) |
| especially | 21d TIME (Moth) (Day) | (Year) (Houp 21c. INJURY O While at work □ | Not while at work | JURY OCCUR? | |
| bec | 22. I hereby certify th | at I took charge of the rem | ains described above, held an | Autopsy [], Inspection | on [], Inquiry [], and |
| | //- | ulted from: Natural causes | Accident [], Suicide [|], Homicide [], Ur | |
| ge is | SIGNATURE /// | parmin | e ma. m. D. DEPUT | Y MEDICAL EXAMINER | 6/27/1 |
| a | 23. BURIAL, CREMATION, REMOVAL (Specify) | _ / / | of CEMETERY OR CREMATORY | Polymone | r county) /(State) |
| 700 | DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24 FUNERAL DIRI | ECTOR Some Co | ADDRESS ADDRESS |

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VS. A15A - 5 - 53



MARGIN RESERVED FOR BINDING

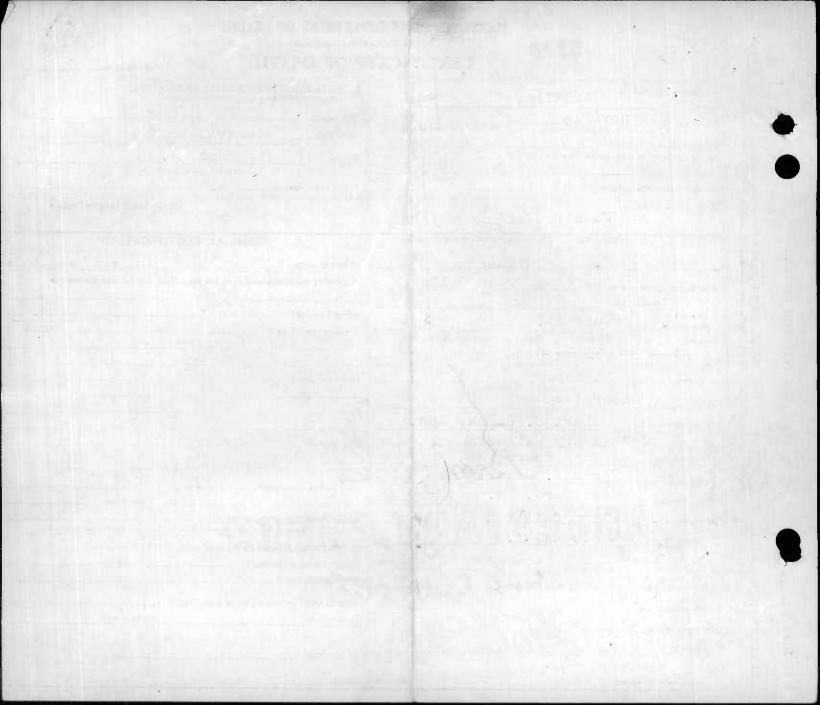
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

5302

| CLICITICAL | Reg. Diat. No. |
|--|--|
| 1. PLACE OF DEATH: Baltimore | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md • County |
| City of town Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? | City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Insiliulion, or street address where death occurred: | Sireet No. 36 Overbrook Rd. (If rural, give LOCATION) |
| How teng in hospital or institution? | 2.(a) It veteran, name war |
| John Broderick Callahan | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Male W. Widowed | 2D. DATE OF OBATH June 1st 1955 at 6 P. M |
| B.(b) Name of husband or wife Dorothy Green Callahan Deceased | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. |
| 7. Birth date of deceased (mo., day, yr.) June 25, 1893 | |
| 8. AGE: Years Months Days If less than one day 61 11 6 | Immediate cause of death DURATION Ovorang Thrombosis / hour Covonang Aclerosis + |
| 9. Birthptace Baltimore (Town, county, and state) Secretary | Due to My ocaldial insufficiency 2 years |
| 10. Usual occupation. 11. industry or business Robert S. Green, Inc. | Due to. |
| 12. Name. John Henry Callahan. 13. Sirthplace Baltimore, Md, | Other conditions |
| 14. Malden name Sarah F. McGarigle 15. Birthplace Baltimore, Md. | (Include pregnancy within 3 months of death) Major findings of operations. |
| Baltimore, Md. | Date of op. |
| 16. Informant R. William Callahan Address 328 Westowne Rd. | Autopsy results |
| Address 328 Westowne Rd. 17. (Burlal, cremation, of removal, Which?) Dafe thereo. (month) (day) (year) | 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide |
| Cemetery or crematory words and and a company of the company of th | Where did injury occur? |
| Location | Injured at home, tarm, Industry, public place (where?) |
| 18. Funeral director And Address / 9713 W. Hallings St | fairs E. Wice mo. |
| 19. (Date ree'd by registrar) 19. (Registrar) 19. (Registrar) | 23. SIGNATURE M. D. or gener Address 920 At - Paul At - Date signed June 2, 53 |



Reg. Dist. No.

Baltimore

AINLY

PL

REMOVAL (SPECIFY)

Burial DATE REC'D BY LOCAL June 29.1955

legibly.

and OR Randallstown clearly HOSPITAL OR (If rural give location) INSTITUTION OR STREET ADDRESS Chapman Rd. Randallstown NAME OF (Month) (Day) (Year) DECEASED: DEATH: June 1955 (Type or Print) 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS. Davs (Specify) Married 69 Female August IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: U.S.A. even if retired): Housewife Marvland 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Augustus Reinhardt Elizabeth Foxwell IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO. (Yes. no. or unk.) (If Yes. give war or dates of service) William A Carter MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE STATING UNDERLYING CAUSE LAST. (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 20. AUTOPSY? NO especially 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. (County) (State) 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF 'INJURY at work at work 57 22. I hereby certify that I attended the deceased from (. 195.2 that I last saw the deceased 192. 2. and that death occurred at M, from the causes and on the date stated above. alive on 6 correct SIGNATURE ADDRESS DATE SIGNED 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

Loudon Park

BUREAU V. S.

10 SO 1955

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

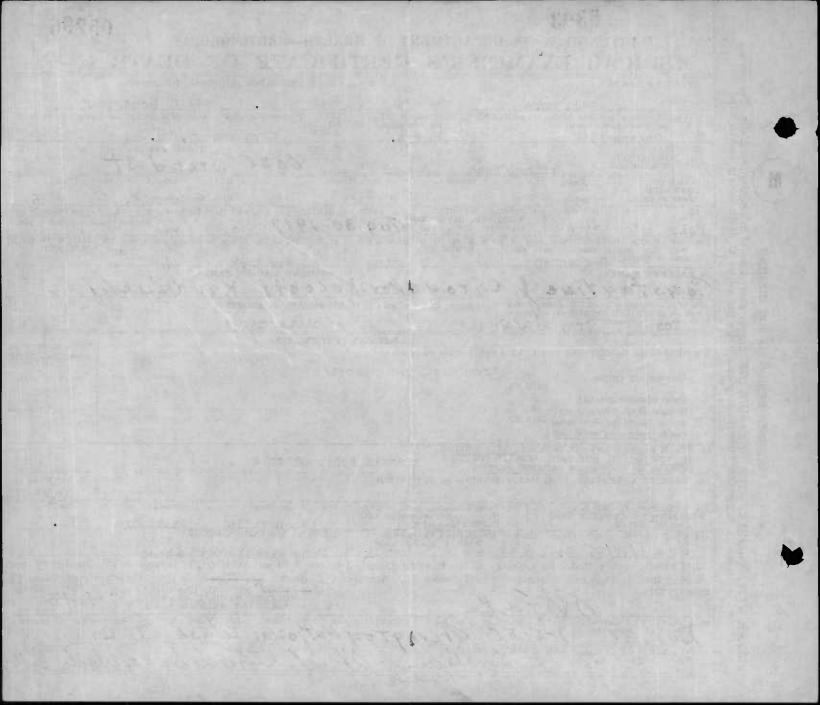
| A | 52 | 96 |
|---|------|-------|
| | Reg. | Dist. |

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No. 37 |
|---------|------------|-------------|----|-------|--------|

| 1. PLACE OF DEATH: | INER'S CER | | OF DEATH | No |
|--|---|---|--|---|
| CONTINUE | MARWI AND | OMARK 243 | COTTATE | |
| COUNTY Baltimore CITY (If outside corporate limits, write R | MARYLAND RURAL LENGTH OF STAY | STATE Md. | county Mont gon | |
| OR and give nearest town) | (in this place) | OR | orporate limits write KUKAL and | give nearest wwii) |
| ZTOWN Catonsville | 1) mos. | | ookmount, Md. | 15 X - 2 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring | Grove | STREET ADDRESS 60 34 | Broad ST | |
| 3. NAME OF (First) | (Middle) | (Last) | 4. DATE (Month) (Day | (Year) |
| DECEASED: (Type or Print) CHRTS | CHRO | NAKER | OF DEATH June 28. | 19 55 |
| 6. SEX: 6. COLOR OR 7. SING RACE: WIE | | E OF BIRTH: 9. | AGE last birthday: IF UNDER 1 Months D | |
| IOa. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS O | | (State or foreign country): 12. | CITIZEN OF WHAT |
| even if retired): Carpenter | Ruilding | New Yo | rle | |
| Coustautiue V | Chrouaker | Hale at ! | KquKauc4 | 1 |
| 15. WAS DECEASED EVER IN U.S. ARMET FORCE (Yes, no, or unk.) (If Yes, give war or lates of | S? 16. SOCIAL SECURITY No.: | 17. INFORMANT & AD | | |
| Yes service) Army WWo | 9 | Hospitalreco | rds | |
| | | CAL CERTIFICATION | | |
| I. DISEASES OR CONDITIONS DIRECTLY | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 974X | | | | |
| | Strangulation by | hanoi no | | |
| THE COLOR OF THE PARTY OF THE P | Strangulation by | hangi ng | | |
| DUE TO | Strangulation by I | hanging | | |
| DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) | Strangulation by I | hanging | | |
| DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO | | hanging | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) | | hanging | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) | ONTRIBUTING ED TO THE Paranoid | | | |
| DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING D | ONTRIBUTING ED TO THE Paranoid | | | 20. AUTOPSY? Yes No |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITION CAUSING DISEASE OR CONDITION CAUSING DISEASE OR CONDITION CAUSING DISEASE OR CONDITION: 19b. MAJOR | ONTRIBUTING ED TO THE PARADOID EATH. PARATION: | l schizophrenia | | |
| Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING D 19a. DATE OF OPERATION: 19b. MAJOR | ONTRIBUTING ED TO THE PARANOID EATH. FINDING OF OPERATION: PLACE (Home, farm, factory OF street, office bldg., etc.) | l schizophrenia | . (County) | Yes No |
| Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING D 19a. DATE OF OPERATION: 19b. MAJOR 21a. EXTERNAL CAUSE WAS PRIMARYY OF CONTRIBUTING 21b CAUSE OF DEATH. | ONTRIBUTING ED TO THE PARADOID EATH. PARADOID EFINDING OF OPERATION: PLACE (Home, farm, factors of street, office bidg., etc INJURY hospital | l schizophrenia | . (County) | Yes No (State) |
| Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING D 19a. DATE OF OPERATION: 19b. MAJOR 21a. EXTERNAL CAUSE WAS PRIMARYY OF CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) | ONTRIBUTING ED TO THE PARADOIC EATH. PLACE (Home, farm, factors) OF street, office bldg., etc INJURY hospital 21e. INJURY OCCURRED While at Not while | y, 21c. (City or town) Catonsvi. | . (County) lle Baltimore URY OCCUR? | Yes No (State) |
| Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING D 19a. DATE OF OPERATION: 19b. MAJOR 21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF FINJURY 6/28/55 5:51 p. M. | ONTRIBUTING ED TO THE PARADOIC EATH. PLACE (Home, farm, factor) OF street, office bldg., etc INJURY hospital 21e. INJURY OCCURRED While at Not while work \[\] | 21c. (City or town) Catonsvi 21f. How DID INJ | . (County) lle Baltimore URY OCCURY | Yes No (State) |
| Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING D 19a. DATE OF OPERATION: 19b. MAJOR 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) | ONTRIBUTING ED TO THE PARANOIC EATH. PLACE (Home, farm, factory OF street, office bldg., etc. INJURY HOSDITAL 21e. INJURY OCCURRED While at Not while work at work rege of the remains descri | 21c. (City or town) Catonsvi 21f. How DID INJ Hung himse | County) lle Baltimore URY OCCUR! elf with sheet Autopsy [], Inspection [] | Yes No (State) Md. |
| Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING D 19a. DATE OF OPERATION: 19b. MAJOR 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6/28/55 5:51 p. M. 22. I hereby certify that I took cha: | ONTRIBUTING ED TO THE PARANOIC EATH. PLACE (Home, farm, factory OF street, office bldg., etc. INJURY HOSDITAL 21e. INJURY OCCURRED While at Not while work at work rege of the remains descri | 21c. (City or town) Catonsvi 21f. How DID INJ Hung himse ibed above, held an aident [], Suicide | County) lle Baltimore URY OCCUR! olf with s heet Autopsy [], Inspection [] Homicide [], Undeter | Yes No (State) (State) Md. , Inquiry [], and rmined cause []. |
| Antecedent cause(s) Diseases or conditions, if any, (b) | ONTRIBUTING ED TO THE PARANOIC EATH. PLACE (Home, farm, factory OF street, office bldg., etc. INJURY HOSDITAL 21e. INJURY OCCURRED While at Not while work at work rege of the remains descri | 21c. (City or town) Catonsvi 21f. How DID INJ Hung himse ibed above, held an aident [], Suicide | County) lle Baltimore URY OCCUR! Autopsy , Inspection Homicide , Undetermation | Yes No (State) Nd • , Inquiry , and rmined cause . |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTOUR TO THE DEATH BUT NOT RELATED TO THE DEATH SUBJECT OF DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6/28/55 5:51 p.m. 22. I hereby certify that I took charfind that death resulted from: | ONTRIBUTING ED TO THE PARADOIC EATH. PLACE (Home, farm, factor) OF street, office bldg., etc INJURY HOSDITAL 21e. INJURY OCCURRED While at work at work | 21c. (City or town) Catonsvi 21f. How DID INJ Hung himse ibed above, held an aident [], Suicide | County) lle Baltimore URY OCCUR! olf with s heet Autopsy [], Inspection [] Homicide [], Undeter | Yes No (State) (State) Md. , Inquiry , and rmined cause . 6/29/55 |

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY, WITH

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5304 CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEAS | ED: |
|---|--|-------------------------------------|
| COUNTY BALTIMORE MARYLAND | STATE MARYLAND COUNTY | |
| CITY (If outside corporate limits, write RURAL) LENGTH OF ST | | and give nearest town |
| OR and give nearest town) (In this place) | OR | |
| TOWN FORT HOWARD 54 DAYS | TOWN BALTIMORE | 3101-4 |
| HOSPITAL OR INSTITUTION OR | STREET (If rural give location | n) |
| 50 STREET ADDRESSVETERANS ADMINISTRATION HOSP | ITAL 2104 PENROSE AVE. | |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| DECEASED: (Type or Print) LOUIS W. C | OLEMAN OF DEATH: June | 5 19 55 |
| | TE OF BIRTH: 9. AGE last birthday IF UNDER | 1 YEAR IF UNDER 24 HRS. |
| Male Colored (Specify): Married | 4/14/09 46 yrs. Months | Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of NOR. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12 | CITIZEN OF WHAT |
| even if retired): Laborer Beth. Steel Co. | Spotsylvania, Virginia | U.S.A. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | 0.0.8. |
| Luther Coleman | Elizabeth Diggs | |
| 15. Was DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | | |
| | | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) WW-II 263 16 5607 | CLIN. REC. VET. ADM. HOSP., FT. HOW | VARD, MD. |
| 18. MEDICAL CERTIFIC | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| 592X | ATTENTO | ••• |
| THE CAUSE | NEPHRITIS | Unknown |
| ANTECEDENT CAUSE (S) | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | AND THE TAX SECTION OF THE SECTION O | e ser y en |
| (c) | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | A CONTRACTOR OF THE PROPERTY O | |
| 10 THE DEATH BUT NOT RELATED TO THE | | |
| DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT | TION | |
| 138. MASON PINDINGS OF OPERAL | TON | 20. AUTOPSY? |
| | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bl | | anty) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURI OF INJURY M. at work | | |
| 22. I hereby certify that Mattended the deceased from Ap. | ril 121955 to June 5 1955 MAXXXXX | ANALYMY YAXAYA |
| | | |
| axionations william B. VANDEGRIFT, M.D. | ADDRESS | e stated above. ATE SIGNED 6/5/55 |
| | M.D. VAH, Fort Howard, Md. METERY OR CREMATORY LOCATION (City, town, | or county) (State |
| DEMOVAL (CRECIEV) | morial Cemetery Arbutus, Mary | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | A FUNERAL DIRECTOR Funeral Hor | ADDRESS |
| -6 Vital Helles | | |

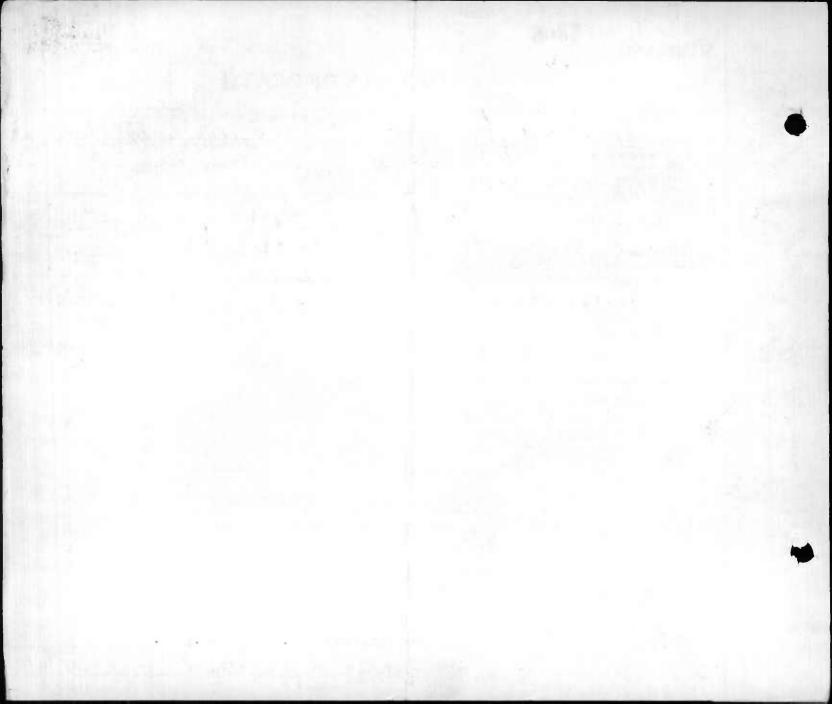
THE PARTY OF THE P SELECTION OF THE AUTHORISM CONTRACTOR SERVICES AND AN ARCHITECTURE OF THE SERVICES AND ARCHITECTURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05298 Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEAGED: CITY(If outside corporate limits, write RURAL and give nearest town) (If rural give location) E. JEFFERSON STREET 4. DATE (Month) (Day) (Year) DEATH: JUNE 1955 9. AGE last birthday IF UNDER I YEAR Months Days Hours 11. BIRTHPLACE (State or foreign country): [12. CITIZEN OF WHAT COUNTRY? E. BATON ROUGE, LOUISIANA U. S. A. CLIN.REC., VET.ADM.HOSP., FT.HOWARD.MD. INTERVAL BETWEEN ONSET AND DEATH UNKNOWN II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PNEUMONITIS, LEFT LOWER LOBE AND RIGHT Approx.2 Wks 20. AUTOPSY? NO (X) (County) (State! . 195, to JUNE 7 . 195, thank you want a horage DATE SIGNED DICKEY, M.D. Chief, Medical Service D. VAH, FORT HOWARD, MARYLAND 6-7-55 LOCATION (City, town, or county) (State) Baltimore National Cemetery Baltimore. Wm.Cook-Blight, Inc. Funeral ADDRESS 6009 Harford Rd., Baltimore 14,

WERE THE SECOND PROPERTY OF SECOND PROPERTY OF SECOND



| Baltimire Co. | TE OF DEATH R | eg. Dist. No., |
|---|--|---|
| 1. PLACE OF DEATH- COUNTY / Life rulle MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | 2. USUAL RESIDENCE (HOME) OF DECE STATE 22 / E. J niver CITY (If outside corporate limits, write RU | s. FU Parkway. |
| OR give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor | OR TOWN Balt Imy r d | ind v |
| 3. NAME OF DECEASED (First) (Middle) (Type or Print) George Augustus | (Last) COOK. 4. DATE OF DEATH DEATH 19. AGE last birth | (Month) (Day) (Year) 4 1 2 2 195 3 day If under, 1 year If under 24 hrs |
| 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry | 11.11 10 1011 112 | Months. Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? |
| 18. FATHER'S NAME Greorge Augustus. Cook. | 14. MOTHER'S MAIDEN NAME | tewartstorch |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 17. INFORMANT AND ADDRESS | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | RTIFICATION | INTERVAL BETWEEN ONSET AND DEATE |
| Antecedent cause (a) | | |
| giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not related to the disease or condition causing death. Security of artists. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | is - selensis, Caninoma of | 20. AUTOPSY? |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NUCLDE INJURY | (CITY OR TOWN) | (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY | HOW DID INJURY OCCUR? | |
| alive on 17 , 1955, and that death occurred at SIGNATURE (Degree or title) | N: 15 Am., from the causes and on ADDRESS | the date stated above. DATE SIGNED Line - 2 /2/2/27 |
| 23. BURIAL, CREMATION DATE REMOVAL (Specify) BUTIAL DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. | ry or crematory Location (City, nedral Cem. Balto., Md | |
| 26 21 50 D TOUGH | The state of the s | md. |



VS. A15

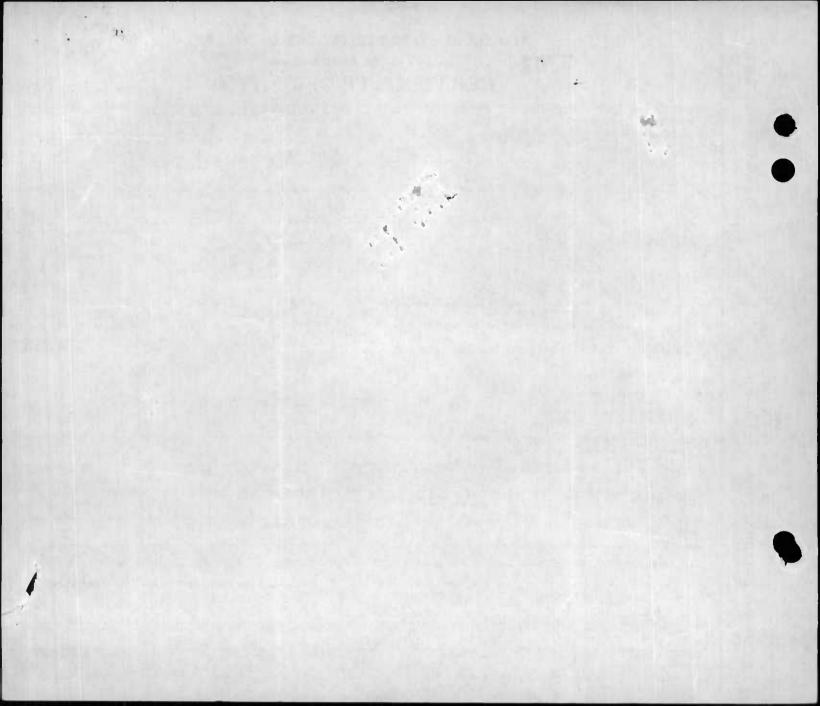
MARYLAND STATE DEPARTMENT OF HEALTH

5307

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

| CERTIFICAT | E OF DEAT | H Re | Dist. No | ******************* |
|---|---|--------------------|-------------------|---|
| 1. PLACE OF DEATH. COUNTY Balte County MARYLAND | 2. USUAL RESIDENCE (H STATE MANIA | OME) OF DECEA | SED. COUNTY | Oto |
| CITY (If outside corporate limits, write RUBAL and Cin this piace) OR give nearest town) TOWN CITY (If outside corporate limits, write RUBAL and Cin this piace) | CITY (If outside corporate OR TOWN Bollo. | County | RAL and give near | est town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS & Fisher Road | STREET ADDRESS 8 | (If rural, give | Hoad | 1 |
| 3. NAME OF DECEASED (First) (Middle) (Co | ok (Last) | 4. DATE (OF DEATH | Month) (Day | (Year) 1955 |
| 6. SEX 6. COLOR OR MACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, CORNELL (Specify) | Na. 17,1887 | 6 7 ym | Months Days | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry A Home | Belle. H | d. | 12. CITI | TEN OF WHAT |
| 13. FATHER'S NAME John Pfare | 14. MOTHER'S MAIDEN | Unknown | | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war of dates of service) | John V. Coop | DDRESS - 8 Fis | her Roa | d |
| 18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 199 (Immediate cause (a) Manufully | on Exlery | dratu | | EVAL BETWEEN ET AND DEATH |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | lyes carc | ndoma | loris | *************************************** |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | | 1000 | AUTOPSY? |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY | (CITY OR TO | OWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work | HOW DID INJURY OCC | UR? | | |
| 22. I hereby certify that I attended the deceased from June | | 7-/ 19, the | t I last saw th | ne deceased |
| alive on June 71, 19. T, and that death occurred at SIGNATURE: (Degree or title) | ADDRESS | falsk | he date stated | above. |
| 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 6/24/55 Balto | RY OR CREMATORY LO | Palto. | Ma. or county) | (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6-22-55 | 31. FUNERAL DIRECTOR | · Orc a | 4318.2 | Guest. |
| | // | | | |



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Physicians: EZ

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VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 195301

| 534)\$ CERTIFICA | ATE OF DEATH Reg. Dist. No. |
|---|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY BALTIMORE MARYLAND | STATE MARYLAND COUNTY |
| OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL LENGTH OF (in this play 128 DAYS) | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESSETERANS ADMINISTRATION HOS | STREET (If rural give location) |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) THOMAS B. | (Last) 4. DATE (Month) (Day) (Year) OF DEATH: JUNE 1. 1955 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE | DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS 1/4/88 67 Yrs. Months Days Hours Min. |
| work done during most of working life. even if retired): Laborer 108. KIND OF BUSINE OR INDUSTRY: Transfer Co. | Baltimore, Maryland U. S. A. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| WILLIAM W. COOK | MADDIE BOYD |

| of service) WW T | 212-05-4538A CLIN.REC., VET.ADM.HOSP.FT.HOWAY | מאו מי |
|--|---|-----------------|
| DISEASES OR CONDITIONS DIRECTL | 18. MEDICAL CERTIFICATION | INTERVAL BETWEE |
| IMMEDIATE CAUSE ANTECEDENT CAUSE (S) | CARCINOMA OF LIVER | UNKNOWN |
| EASES OR CONDITIONS, IF ANY, ING RISE TO THE ABOVE CAUSE TING UNDERLYING CAUSE LAST. | DUE TO | |
| | (0) | |

DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT WAS UNDERLYING [218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while While OF INJURY at work at work

16. SOCIAL SECURITY NO.

22. I hereby certify that XXattended the deceased from May 4 M, from the causes and on the date stated above. 6:00 SIGNATURE DATE SIGNED

M.D. Chief, Medical Service VAH, FORT HOWARD, MARYLAND BAJE THEREOF NAME OF CEMETERY OR CREMATORY | LOCATION (City, tow 23. BURIAL, CREMATION, LOCATION (City, town, or county)

REMOVAL (SPECIFY) Burial B altimore National Cemetery Baltimore, 6-6-55 REGISTRAR'S 24. FUNERAL DIRECTOR Charles G. Cooper, 512 N. Carrollton Ave. DATE REC'D BY LOCAL

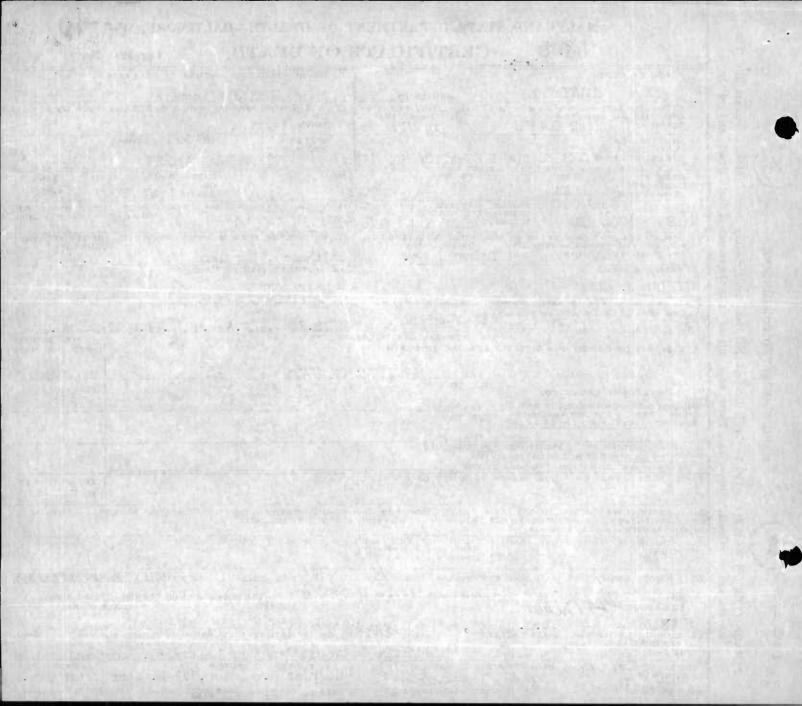
Baltimore, Maryland

17. INFORMANT & ADDRESS:

IS, WAS DECEASED EVER IN U.S. ARMED FORCES!

NO X

(State)



MARGIN RESERVED FOR BINDING

VS. A15-10-53

| MARYLAND | STATE DEPARTMENT | OF HEALTH—BALTIMORE, | 18 05309 |
|----------|------------------|----------------------|-------------|
| 5309 | CERTIFICATE | OF DEATH Reg | . Dist. No. |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | 0:4 |
|--|--|----------------------------------|
| COUNTY CALLEMONE MARYLAND | STATE MM. COUNTY BALL | ET . |
| CITY (If outside corporate limits, write RURAL COR and give nearest town) CITY (If outside corporate limits, write RURAL (in this place) | CITY(If outside corporate limits, write RURAL a | and give nearest town) |
| TOWN Littlewills (III this place) | TOWN Lettherolle | × |
| HOSPITAL OR A III | STREET (If rural give location) | 1 |
| STREET ADDRESS OF MANS | Thursking Union | , , |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (| Day) (Year) |
| (Type or Print) TEURGE ALBERT VEVI | AL DEATH: | 0, 1955 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, BIYORCED, (Specify) | 51888 9. AGE iast birthday IF UNDER IN Months I | Days Hours Min. |
| work done during most of working life, OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Julius Wedal | Unpurum | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, to or unk.) (If Yes give var or dates | 17. INFORMANT & ADDRESS: | |
| of services | Januar peoros | |
| 18. MEDICAL CERTIFICATI | ION | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 0-11-10. | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) CIRCLETIOSC | Cenatic Heart Disease | 6 WA. |
| DUE 10 | ach arterio sclerosia | 9 |
| The state of the s | get willing scereous | - |
| STATING UNDERLYING CAUSE LAST. | to alleget | 1- 1000 |
| IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | perce made | to mag. |
| TO THE DEATH BUT NOT RELATED TO THE | | |
| DISEASE OR CONDITION CAUSING DEATH | V | |
| TSA. BATEGO OF ENAMENTS. | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | tory. 21c. WHERE DID (City or town) (Coun etc. INJURY OCCUR? | ty) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while | 21F. HOW DID INJURY OCCUR? | 1.21/11 |
| M. at work at work | | |
| 2. I hereby certify that I attended the deceased from Fab. | , 1955, to 6 - 13 - , 1955 that I las | t saw the deceased |
| SIGNATURE | 7:50 PM, from the causes and on the date DA | stated above. TE SIGNED 6-17-55 |
| | ERY OR CREMATORY LOCATION (City, town, o | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | A. FINERAL DIRECTOR | ADDRESS |

BUREAU V. E.

AND THE THE WASHINGTON AND ADDRESS OF THE WASHINGTON

Losin for the walks are suggested in

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JUN 88 1955

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THE SHORE HER WITH AN ADDRESS THE SEVERAL ASSESSMENT AND SEVERAL ASSESSMENT A

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A COLUMN TO A STATE OF THE STAT

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Supply every item of information carefully. The

| FOR | INK. |
|---------------------|--|
| MARGIN RESERVED FOR | PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. |
| ARGIN | WITH |
| W | PLAINLY, |
| I | WRITE |
| | OR |
| 10 - 53 | TYPE |
| s. A15 — 10 - 53 | PLEASE |

VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 311 | CERTIFICATE | OF DEATH |
|-----|-------------|----------|
| | | |

| | OI DIII | Reg. Dist | 44,110 |
|---|-------------------|----------------------------------|--|
| 1, PLACE OF DEATH: | 2. USUAL RESI | DENCE (HOME) OF DECEASE | D: |
| COUNTY Baltimore MARYLAND | yland county Char | 700 | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY(If outsid | e corporate limits, write RURAL | |
| OR and give nearest town) (in this place) 52TOWN Catonsville 9 days | OR TOWN | NT. | 00 V 5 |
| 00110 11110 | | Newport | 08 X - a |
| HOSPITAL OR INSTITUTION OR INSTREET ADDRESS Spring Grove State Hospit | STREET ADDRESS | (If rural give location) | 1 |
| | (Last) | 4. DATE (Month) (| Day) (Year) |
| DECEASED: | DePew | OF DEATH: 6-27- | 19 55 |
| | OF BIRTH: | 9. AGE last birthday IF UNDER ! | The second secon |
| 1 | ıknown | 68 ors. Months 1 | Days Hours Min. |
| IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS | | (State or foreign country): 12. | CITIZEN OF WHAT |
| work done during most of working life. OR INDUSTRY: | | | COUNTRY? |
| even if retired): Unknown | Unkn | | USA |
| 13. FATHER'S NAME: | 14. MOTHER'S | MAIDEN NAME: | |
| Unknown | Unknown | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. | 17. INFORMANT | & ADDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dates Unknown of service) Unknown | Records | Spring Grove Sta | te Hospita |
| 18. MEDICAL CERTIFICATI | | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | ONSET AND DEATH |
| 422,1 | | and don't | |
| THINEDIALE CAOSE | vascular a | ccrcent | |
| ANTECEDENT CAUSE (S) | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) Arteriosc | clerotic c | ardiovascular | Years |
| GIVING RISE TO THE ABOVE CAUSE DUE TO | | disease | |
| (c) | | | 1 |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | |
| TO THE DEATH BUT NOT RELATED TO THE | | | |
| DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | | | |
| 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | | | YES NO. |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | etc. 21c. WHERE | DID (City or town) (Cour | nty) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F, HOW DIE | NJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 6-18 | 3 195.5to | 6-27 19 55 that I las | t saw the deceased |
| | | | |
| | | | |
| SIGNATURE S. Wachsler | Spring | rove State Hosp | 161 |
| THE TRANSPORTER | . D. Catoner | 1770 28 Manulan | 1 6 27 EE |
| REMOVAL (SPECIFY) | ERY OR CREMATO | RY LOCATION (City, down, o | (State) |
| Bereal 6-30-55 Dentsvi | lle ME | Dentsvelle | Yhd |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | | DIRECTOR | ADDRESS |
| REGISTRAGE LICE Suling A Down | Hun # + | Russ (1)20 | In med |
| Toolers Naty 3 | , , , , , , | | 7 |

DECENAED

BUREAU V. S.

| 5312 | | 15305 |
|---|--|----------------------------------|
| MARYLAND STATE DEPARTMENT OF | HEALTH—BALTIMORE, 18 | Reg. Dist. |
| MEDICAL EXAMINER'S CER | RTIFICATE OF DEATH | No. 3 8 |
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | 11.6 |
| COUNTY Baltimore MARYLAND | STATE Md. COUNTY Baltim | ore |
| OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place) | CITY (If outside corporate limits write RURAL and OR TOWN Stonleigh | give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 7110 Rich Hill Road | STREET (If rural, give location) 7110 Rich Hill Road | / |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) DAVID DE | (Last) 4. DATE (Month) (Day) OF DEATH 6 29 | (Year) 19 55 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, | TE OF BIRTH: 9. AGE last birthday: IF UNDER I YI | |
| Male White Specify Apri | | |
| 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS (work done during most of work life, INDUSTRY: even if retired): grocery merchant | OR 11. BIRTHPLACE (State or foreign country): 12. Crawford Co. Ohio | COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| John L. DeRoche | Da | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) service) 275-01-0622 | 17. INFORMANT & ADDRESS: Daryl R. DeRoche 7110 Rich Hi | 17 Pond |
| 110 | CAL CERTIFICATION | II ROAU |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | nd of head | INTERVAL BETWEEN ONSET AND DEATH |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes No |
| 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., et CAUSE OF DEATH. | stonleigh Baltimore | (State) Maryland |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while. | 21f. HOW DID INJURY OCCUR? | |

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE

M

INJURY work

Shot self in head

| 22. I hereby certify that I took charge of th | ne remains described above, | held an Autopsy KI, Inspecti | on [], Inquiry [], and |
|---|-----------------------------|---|------------------------|
| find that death resulted from: Natural | | | |
| IGNATURE // | , | CHIEF MEDICAL EXAMINER | DATE SIGNED |
| GRATURE HOLE A down to | м. р. | DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. | \$ 6/20/55 |

23. BURIAL, CREMATION REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY DATE REGISTRAR'S SIGNATURE
Mabel C. Strau DATE REC'D BY LOCAL REG. 195:

2). FUNERAL DIRECTOR

9/30

town or county)

VS. A15A - 5 - 53

DECEIVED

BUREAU V. S.

5313

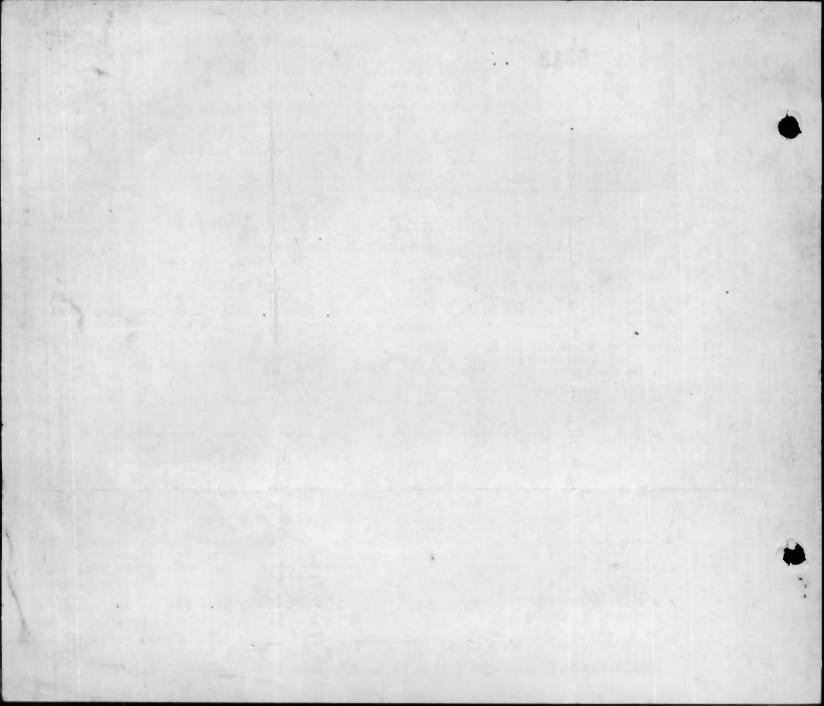
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

| | | FOR MEDICAL | EARWIINERS | Reg. Dis | t. No |
|--|--|--|--|--|--|
| | Baltimore | MARYLAND | STATE Maryla | AIG. | UNTY |
| TOWN give neares | corporate limits, write RURA at town) Towson | AL and LENGTH OF STAY (in this place) | TOWN TOWN | porate limits, write RURAL as | nd give nearest town) 3101.4 |
| HOSPITAL OR INSTITUTION O STREET ADDRI | OR Mercy Villa | 6400 Bellona Ave | STREET ADDRESS | (If rural, give location). 20 Greenmount Av | on) re |
| 3. NAME OF DECEASED (Type or Print) | (First) Mary | (Middle) C | (Last) Devon | 4. DATE (Month) OF DEATH Jun | ie 1 1955 |
| Female | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | Nov. 1,1874 | 80 yrs. Mo | onths Days If under 24 hrs Hours Min. |
| 10a. USUAL OCCUI | PATION (Give kind of work working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | Baltimo | ore, Maryland | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAM | | von | 14. MOTHER'S MAIL | | |
| I5. WAS DECRASED I | Ever In U.S. Armed Forces: (If yes, give war or dates of service) | 7 16. SOCIAL SECURITY No. | Mrs. Jane S. | Holt 1120 Green | nmount Ave |
| Diseases or giving rise stating the | ent cause(s) reonditions, if any, to the above cause underlying cause last (c) FICANT CONDITIONS buting to the death but not | A leriose leve to | Cardia- | Vascular Dice | 5 1000 |
| related to the dise | ase or condition causing deat | h. FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| 21. EXTERNAL CAPRIMARY OR CAUSE OF DEAT | AUSE WAS PLACE OF INJU | CE (Home, farm, factory, street, office hldg., etc.) | (CITY C | OR TOWN) (COU. | Yes No No NTY) (STATE) |
| | (Day) (Year) (Hour) m. | INJURY OCCURRED While at Not while work at work | HOW DID INJURY | OCCUR? | 24. W. |
| 22. I certify that obtained by sa from: nature SIGNATURE | I took charge of the rema tid Autopsy, Inspection or al causes I, accident Hymn | ins described above, held an Ar Inquiry, find that said dece , suicide , homicide , (Degree or title) Physician | ased died on the day s undetermined ADDRESS 11 East Chas | tated above, and death in | and from the evidence my opinion resulted DATE SIGNED 6/2/55 |
| REMOVAL (Spe | rial June L. | 1955 Cathedra | ry or crematory L Cemetery | Baltimore, N | |
| DATE REC'D BY | LOCAL REGISTRAR'S | | 24. FUNERAL DIREC | CTOR / 1815716 | ADDRESS ADDRESS |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age



MARYLAND STATE DEPARTMENT OF HEALTH

5314

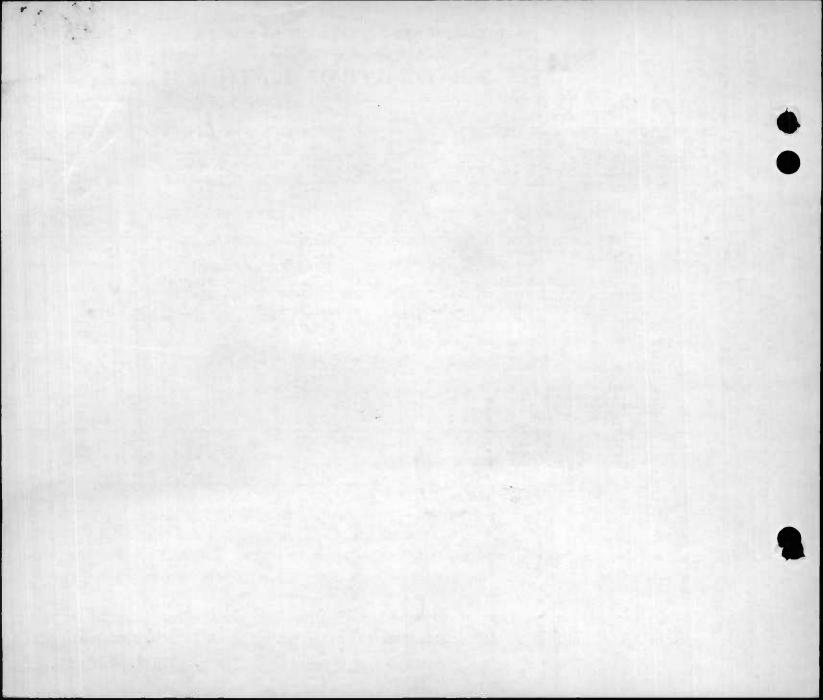
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

| COUNTY Baltimore | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY | Balt |
|--|---|---|
| MARYLAND | CITY (If outside corporate limits, write RURAL and give | 128876 |
| CITY (If outside corporate limits, write RURAL and OR givo nearest town) OR givo nearest town TOWN (in this place) | TOWN Baltimore , Ruks | e hearest town) |
| HOSPITAL OR 101 Kolb Avenue | STREET ADDRESS 101 Kolb Avenue | |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| DECEASED (Type or Print) August | Ditzel OF DEATH June 11 | 10// |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | Sept 0, 10/0 /0 yrs. | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during neest of working life, even if retired) 10b. Kind of Business of Business of Industry Larpenter | | CITIZEN OF WHAT |
| 13. FATHER'S NAME | 1 14. MOTHER'S MAIDEN NAME | |
| Charles Ditzel | Florintine Wisterfelt | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS | |
| IYes, no, or unknown) (If yes, give war or dates of 27 22 23 27 | Mrs Flora Ditzel 101 Kolb Aver | 1110 |
| (service) (214-0)-0491 | | lue |
| | RIFICATION | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 0 1 1 | ONSET AND DEATH |
| 2011 Cesc | wel nemontage | 7 mm |
| 33/X Immediate cause (a) | | - 200 0 00 00 00 00 0.0 0 0 0.0 0 0 0 0 0 |
| Antecedent cause(s) | tero relevois | 127 |
| Diseases or conditions, if any, (b) | | |
| giving rise to the above cause stating the underlying cause last | | |
| (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) | (STATE) |
| SUICIDE OF office bldg., etc.) HOMICIDE INJURY | | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY | HOW DID INJURY OCCUR? | |
| 7110 017 | 111 11- 11/11 | |
| 22. I hereby certify that I attended the deceased from flux | 19 J, to fue T, 19 J, that I last sa | aw the deceased |
| alive on fuce 14, 19 JT, and that death occurred at | ADDRESS m, from the causes and on the date sta | ated above. |
| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
| Zano, ch | OVERLEA AVE. | 6.15.17 |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE | RY OR CREMATORY LOCATION (City, town, or count | y) (State) |
| | morial Park Baltimore, Maryl | and |
| Burial June 18, 1955! Moreland Me | morial Park Baltimore, Mary | ADDRESS |
| REG/ | Lilly & Zeiler Inc., 403 S. Wol | fa St |
| 6 /1-301 May Neutra | | LIC. UV. |
| | | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ago is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5315

CERTIFICATE OF DEATH

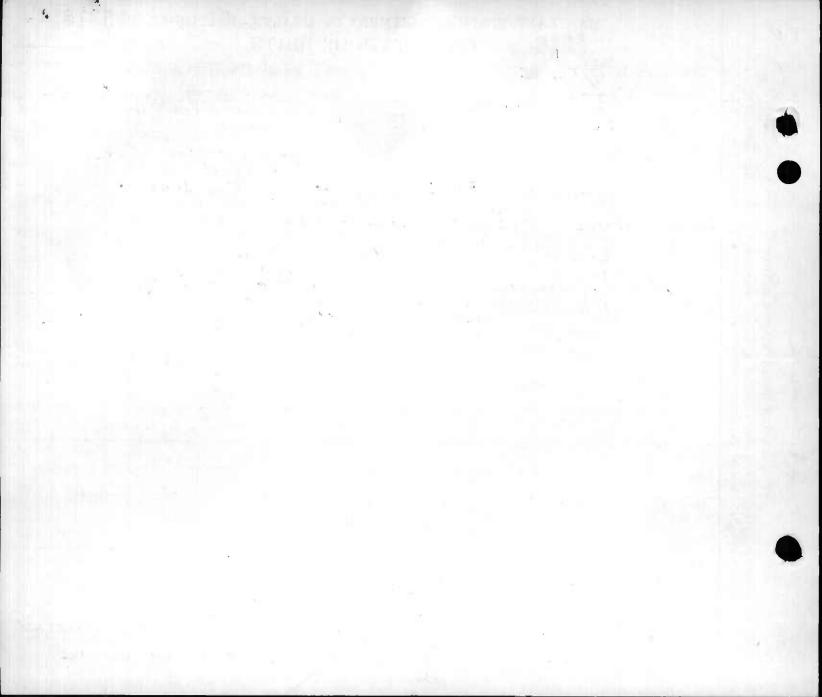
05309

| 1. PLACE OF DEAT | | | II OTH A THE | (HOME) OF DECEASE | COUNTY | | |
|-------------------------------------|--|--|---|---|------------|-------------|--------|
| Bal | Ltimore | MARYLAND | Marylan | | | Baltin | |
| | corporate limits, write RUR | L and LENGTH OF STAY (in this place) | OR (If outside corpo | rate limits, write RURA | L and give | nearest tow | n) |
| Y TOWN CS HOSPITAL OR INSTITUTION (| tonsville min | | TOWN Catons | ville | miral | > | |
| HOSPITAL OR INSTITUTION | DP. | | STREET | (If rural, give lo | ention) | - | |
| STREET ADDR | | hts | ADDRESS | Dillion Heig | hts | / | |
| 3. NAME OF | (First) | (Middle) | (Last) | 4. DATE (M | onth) | (Day) | (Year) |
| (Type or Print) | CATHERINE AN | NA DORSCH | | OF DEATH 6- | 23-195 | 5 | 19 |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, | 8. DATE OF BIRTH | 9. AGE last hirthday | | | |
| Female | White | WIDOWED, DIYORGED, (Specify) MATTICO | 8-5-1885 | 69 ym. | | Days Hour | Mln. |
| 10a. USUAL OCCU | PATION (Give kind of work | 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State | or foreign country) | | CITIZEN OF | WHAT |
| done during most of | working life, even if retired) | INDUSTRY N_ne | Baltimore, Md | | 0 | OUNTRY? | |
| 13. FATHER'S NA | ME | 0 | 14. MOTHER'S MAIDE | N NAME | | | |
| John Wi | ttman | | Catherine | Haunsteine | | | |
| | EVER IN U.S. ARMED FORCES | | 17. INFORMANT AND | | | | |
| (Yes, no, or unknown | (If yes, give war or dates of service) | None | Frank Dorsch, | | Mcl | | |
| 100 | | 18. MEDICAL CE | | OR COMBY 11103 | DIA. | | |
| T DECREO OD C | CALDIMIANA DIDECMI V | | | | | INTERVAL B | |
| I. DISEASES OR C | CONDITIONS DIRECTLY | LEADING TO DEATH | | | | ONSET AND | DEATE |
| 581.0 Immedia | to serves (a) | Circlosis of the | lever | | | 140.4 | |
| O O Thimedia | te cause | U | * ************************************* | ** ***** ** ******* ** ** ***** ** | | y | |
| | ent cause(s) | | | | | | |
| Diseases or | r conditions, il any, (b) | | | | | | |
| | underlying cause last | | | | | | |
| | (e) | | | | i | | |
| Conditions contril | FICANT CONDITIONS buting to the death but not case or condition causing deat | adenocarcinamo | of regioned is | nth instastos | e. | 14+ | |
| | | INDINGS OF OPERATION | | | | 20. AUTOR | SY2 |
| 0 | | | | | | V □ | M. De |
| 21. ACCIDENT SUICIDE HOMICIDE | (Specify) PLAC OF INJU | CE (Home, farm, factory, street, office bidg., etc.) | (CITY OR | TOWN) (C | OUNTY) | Yes [] | No B |
| TIME (Month) | | INJURY OCCURRED | HOW DID INJURY O | CCUR? | | | |
| OF INJURY | | While at Not While | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| INJURI | m. 1 | Work At work | 1 | | | | |
| 22. I hereby cer | tify that I attended the | deceased from 18 June | , 1955, to 234 | , 19.55, that | I last sa | w the dec | eased |
| alive on 23 | have 1955 and | d that death occurred at. | 7:15 P. m. from the | causes and on the | data eta | ted shows | |
| SIGNATURE | | d that death occurred at | ADDRESS | Casasas mile on page | davo sua | DATE SI | GNED |
| godina | hester of. | m.D. 1118 0.1 | Paul St. Balt. | . 7.1 | | 5-24-55 | _ |
| 23. BURIAL, CRES | MATION DATIVTHERED | | RY OR CREMATORY | LOCATION (City, town | | | tate) |
| REMOVAL (Spe | ecify) 6-27- | 55 St. Rohas Int | | | | | , |
| DATE REC'D BY | | SIGNATURE | Lheran 24. FUNERAL DIRECT | Pfieffers Co | orner | ADDRESS | |
| , REG. | A | . 7) | | | 14 Ted | | |
| JWWE Jobel | 95 of serge h | - remarkan | F.C. Higinbotho | W'STITCOLL C. | LLY, MO | • | |



VS. A15

BUREAU V. S.



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNFADING INK.

WITH

PLEASE TYPE OR WRITE PLAINLY,

Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

05311

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|---|
| COUNTY BALTIMORE MARYLAND | STATE MARYLAND COUNTY |
| CITY Alf outside corporate limits write RURALL LENGTH OF CTAY | CITY(If outside corporate limits, write RURAL and give nearest town) |
| X TOWN and give nearest Twindoward 98 this rise. | TOWN BALTIMORE 3001-4 |
| HOSPITAL OR INSTITUTION OR | STREET (If rural give location) |
| 50 STREET ADDRESSVETER ANS ADMINISTRATION HOSPIT | TAL 730 KIRSCH COURT |
| | (Last) 4. DATE (Month) (Day) (Year) |
| DECEASED: (Type or Print) EDWARD W, DRI | IVER DEATH: JUNE 1 19 55 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, | OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. |
| MALE COLORED (Specify): MARRIED | 2-14-94 61 yrs. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER 10B. KIND OF BUSINESS OR INDUSTRY: BREWERY | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: | BALTIMORE, MARYLAND U. S. A. |
| JERRY B. DRIVER | LILLY BARNES |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: |
| YES of service) (If Yes, give war of dates of service) WW I | CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD. |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 150 IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | OF ESOPHAGUS 1 YEAR |
| 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | N 20. AUTOPSY? |
| | YES NO _ |
| 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | tory. 21c. WHERE DID (City or town) (County) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify thatXK attended the deceased from FEB. | 23, 1955, to JUNE 1 , 1955, XIVAL XIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| WILLIAM B. VANDEGRIFT, M.D. M. NAME OF CEMETIC REMOVAL (SPECIFY) | 10:15M, from the causes and on the date stated above. ADDRESS DATE SIGNED 1. D. VAH, FORT HOWARD, MARYLAND 6-2-55 ERY OR CREMATORY LOCATION (City, town, or county) (State) |
| Builar Battimore | National Cem. Baltimore, Maryland |
| REGISTRAR 3-55 REGISTRAR'S SIGNATURE | Arlington S. Fhillips, 1808 N. Monroe St. Baltimore 17, Maryland |

A15-VS.

| | | ATTENNY. | | | |
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3. NAME OF

SEX:

DECEASED:

610X

S

SE 23. BURIAL, CREMATION. BEMOVAL (SPECIFY) PLEA DATE REC'D BY LOCA

REGISTRAR

OF INJURY

alive on SIGNATURE

22. I hereby certify that I attended the deceased from 195 and that death occurred at 5,54M, from the causes and on the date stated above.

at work

CEMETERY

ADDRESS OF CREMATORY

1, 195. to

DATE SIGNED EDCATION (City, town, or county)

./...t., 19) ...), that I last saw the deceased

(State)

at work

BUREAU V. S.

JUN 27 1955

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

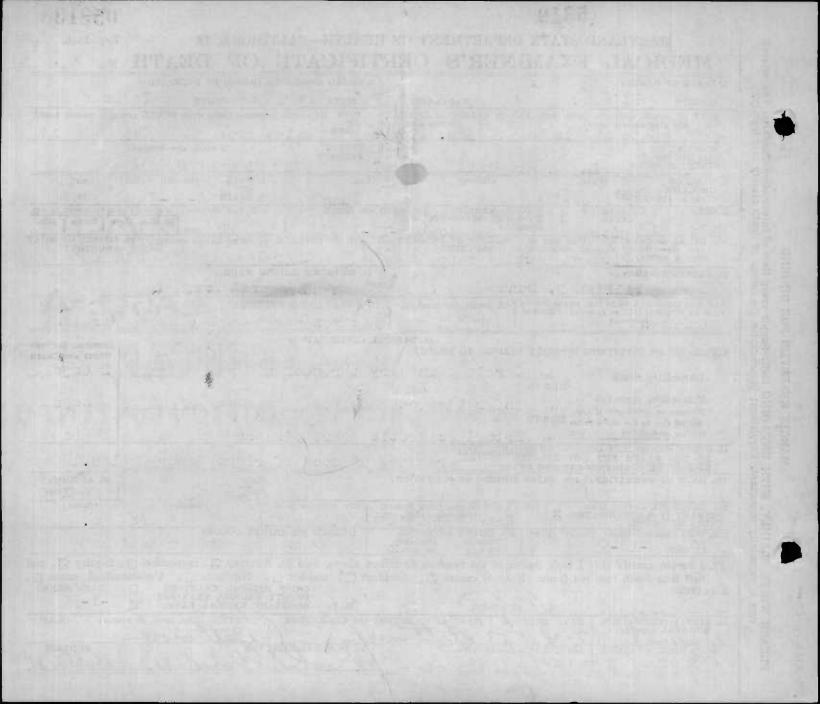
| MARTINA | MARITAND DIAID DE MICHELLI OF MEMBERS TO | | | | | |
|-----------------|--|--------------------|--------|--------------|----|--|
| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No | |
| PLACE OF DEATH: | | 2. USUAL RESIDENCE | (HOME) | OF DECEASED: | | |

| I. PLACE OF DEATH: | | 2. USUAL RESIDENC | E (HOME) OF DEC | EASED: | |
|--|---------------------------------------|---------------------|-----------------------|---------------|-----------------------------|
| COUNTY Baltimore | MARYLAND | STATE Mary | land county | Balti | more |
| CITY (If outside corporate limits, writ OR and give nearest town) | te RURAL LENGTH OF STAY | CITY (If outside of | orporate limits write | RURAL and | give nearest town) |
| 52TOWN Catonsville | 3mo. 19day | | thorpe | | 51 |
| HOSPITAL OR | | STREET ADDRESS | (If rural, g | ive location) | 1 |
| 14 INSTITUTION OR STREET ADDRESS Dring Gre | ove State Hospits | 5729 | Mineral A | lvenue | |
| 3. NAME OF (First) DECEASED: | (Middle) | (Last) | 4. DATE (Mo | nth) (Day |) (Year) |
| (Type or Print) Peter | | Dunn | DEATH 6- | 30- | 19 55 |
| RACE: | WIDOWED, DIVORCED. | OF BIRTII: 9. | AGE last birthday: | Months Da | EAR IF UNDER 24 HRS. |
| Male Thite | (Specify): gingle 6-7 | 1-1871 | 8) yrs. | | |
| 10a. USUAL OCCUPATION (Give kind work done during most of work li | of 10b. KIND OF BUSINESS OF INDUSTRY: | 11. BIRTHPLACE | (State or foreign c | ountry): 12. | CITIZEN OF WHAT COUNTRY? |
| even if retired): Foreman m | achine shop | Mar | Jland | | USA |
| 13. FATHER'S NAME: | | 14. MOTHER'S MAIL | | | |
| William E. | | | gamet Frey | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unk.) (If Yes, give war or date | es of | 17. INFORMANT & Al | | | |
| Unknow service) | Unknown | Records Spr | ing Grove | State | Hospital |
| | | AL CERTIFICATION | | | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECT | LY LEADING TO DEATH: | | | | ONSET AND DEATH |
| Immediate cause (a) | Cardio pulmonar | y thrombosi | S | | 2 days |
| DUE | то | | | | |
| Antecedent cause(s) Diseases or conditions, if any, (b). | Infarctive pneu | monitis | | | 2 days |
| giving rise to the above cause DUE | TO | | | | |
| stating underlying cause last (c) | A | c heart dis | ease | | Years |
| IL OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING | | | | |
| TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING | G DEATH. Fracture | of neck of | right fer | ıur | Lmo.12days |
| 19a. DATE OF OPERATION: 19b. MA. | JOR FINDING OF OPERATION: | | | | 20. AUTOPSY? Yes T No |
| 21a. EXTERNAL CAUSE WAS | 21b. PLACE (Home, farm, factory, | 21c. (City or town | (Coun | ty) | (State) |
| PRIMARY or CONTRIBUTING A CAUSE OF DEATH. | OF street, office bldg., etc. | 1 Catonsvil | | timore | Md. |
| 2Id. TIME (Month) (Day) (Year) (Ho | our) 21e. INJURY OCCURRED | 2 2If. HOW DID IN | JURY OCCUR? | | |
| INJURY 5-18-55 | M. While at Not while at work at work | Push down | by anothe | r pati | ent |
| 22. I hereby certify that I took of | charge of the remains describ | ed above, held an | Autopsy 🖾, Ins | pection | , Inquiry 🖪 , and |
| find that death resulted from | : Natural causes 🖾 , Accid | | | | |
| SIGNATURE 2 | 16 | DEPUT | MEDICAL EXAMI | INER _ | DATE SIGNED |
| Milmer M. Hal | Kagen | | ANT MEDICAL EX | | 1 2 2 |
| 23. BURIAL, CREMATION, DATE TO | HEREOF NAME OF CEMETER | CY OR CREMATORY | LOCATION (City | , town, or co | unty) (State) |
| Durial 1-4 | AND SIGNATURE | 1 24. EUNERAL OTT | Jallen | nore. | ADDRESS |
| DATE REC'D BY LOCAL REGISTR | AR'S SIGNATURE | OF THE RAIL DIE | (4).1.) | 19121 | Ballo, ST |
| | 1 venus | 11000 | | 1300 | - Roadon, St |

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No. 30 |
|---------------|------------|-------------|----------|-------|--------|
| ATALAS A CIAM | | | <u> </u> | | A 1 Va |

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Baltimore MARYLAND STATE Maryland COUNTY Prince George LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place) TOWN Washington HOSPITAL OR STREET (If rural, give location) INSTITUTION OR Spring Grove ADDRESS State Hospit 1222 Rhode Island Ave (Middle) 4. DATE (Day) (First) (Month) (Year) DECEASED: Roberta C. DUVATI DEATH June 19 55 (Type or Print) 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX: Months 1-2-1871 Femal e (Specify): Married 10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: COUNTRY? even if retired): Housewife Maryland 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: John Taylor Elizabeth Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of service) Records Spring Grove State Hospital 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Inanition and Lehydration Immediate cause (a)..... DUE TO Antecedent cause(s) Senile Brain Disease (b). Diseases or conditions, if any, giving rise to the above cause NUE TOX and Generalized Senility stating underlying cause last IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Fracture of left femur DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Fractured femur was pin by Steinman pin Yes No 🗆 21b. PLACE (Home, farm, factory, 21a. EXTERNAL CAUSE WAS 2Ic. (City or town) (County) (State) PRIMARY () or CONTRIBUTING CAUSE OF DEATH. OF street, office bldg., etc., INJURY Catonsville
21f. HOW DID INJURY OCCUR? Beltinore 2Id. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED Not while While at Fell to floor while trying to get INJURY 1-26-55 work | at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and WRITE ge is es find that death resulted from: Natural causes | Accident | Suicide | Homicide | Undetermined cause | . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE 1010 Reeds on M. D. 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) (State) REMOVAL, (Specify) ; Fort Lincoln Cemetery Washington. D. C. 6-18-55 Burial REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL Chambers Co, 1400 Chapin

UNFADING Physicians: 1 LY, WITH important.

E PLAINT especially

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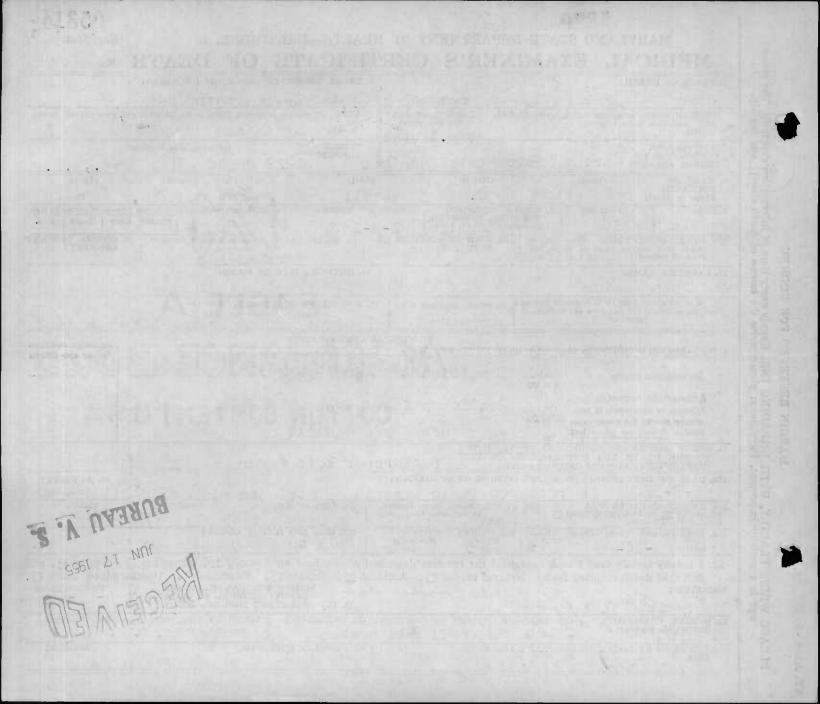
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of information of death clearly

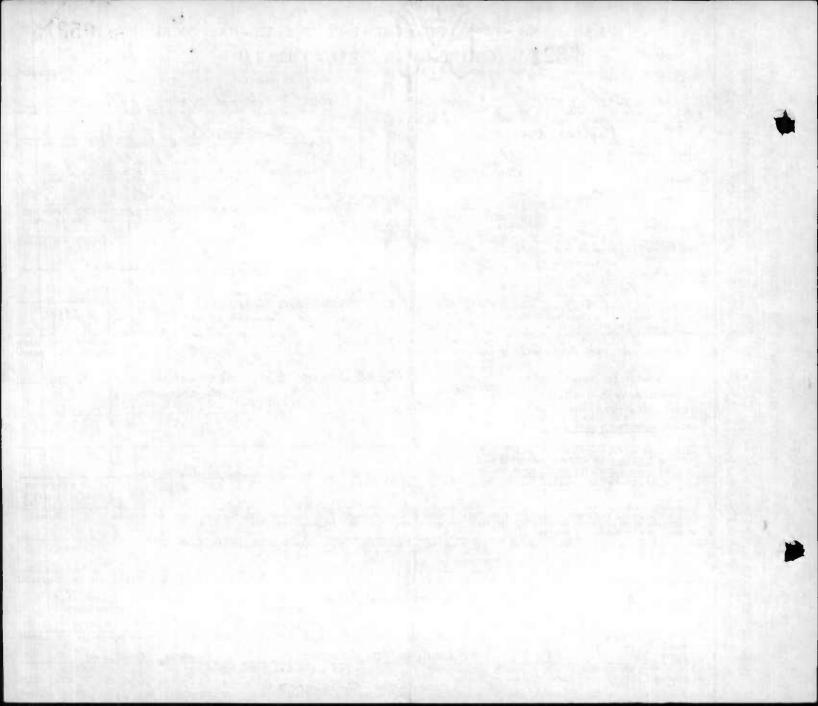
FOR BINDING Supply every item write the causes o

A15A



| 18 | 41 | J | ., | J. | i) |
|----|----|---|----|----|----|
| | | | 12 | - |) |

| 5321 C | ERTIFICATI | E OF DEAT | H Reg. Di | st. No. 32 |
|--|--|--|------------------------------|-----------------------|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDEN | CE (HOME) OF DECEAS | ED: |
| 2 H. | | 2 | 1 1 5 | # . |
| COUNTY Batter | MARYLAND | STATE MANY | COUNTY BAL | liver |
| OR and give nearest town) | RAL LENGTH OF STAY (in this place) | OR CITY(If outside co | rporate limits, write RURAI | and give nearest town |
| X TOWN Piblaville | 6 ms | TOWN Pik | Paville | X |
| HOSPITAL OR | | STREET | (If rural give locatio | n) / |
| INSTITUTION OR TOS millora | mill RY | ADDRESS 70 3 | - milford mil | |
| 3. NAME OF (First) | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year) |
| DECEASED: (Type or Print) Cora OL | 92 EINWRE | chter | DEATH: June | 29 1955 |
| 5. SEX: 6. COLOR OR 7. SINGLE, M | ARRIED. 8. DATE | | AGE last birthday IF UNDER | |
| Female RACE: WIDOWED. (Specify):2 | | 1876 | Months | Days Hours Min. |
| | | / | /8 yrs. | |
| manufacture description and an experience life. | KIND OF BUSINESS OR INDUSTRY: | II. BIRTHPLACE (S | tate or foreign country): 12 | COUNTRY? |
| even if retired): Hanslung | none | mary | land) | 151 |
| 3. FATHER'S NAME: | | 14. MOTHER'S MAI | DEN NAME: | |
| Henry Ruhl | | ma | my Kratz | |
| | S. SOCIAL SECURITY NO. | 17. INFORMANT & | ABDRESS: 4 001- 2 | 1/2 1000 |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | none | my tred Ern | wachler 105 mis | ex. myer no |
| 40 | MEDICAL CERTIFICAT | TION | Take | youll ond |
| I DISEASES OR CONDITIONS DIRECTLY LE | | ION | | ONSET AND DEATH |
| 1/1/3 X | | , | 1 | OHSEL AND DEATH |
| IMMEDIATE CAUSE | A) Hyr | extensive co | es de ourangules | 8 ma |
| DUI | E TO | | Lacia | |
| ANTECEDENT CAUSE (S) | | | duase. | |
| CHAINC DICE TO THE ADOME CALLED | B) | | | |
| STATING UNDERLYING CAUSE LAST. | E TO | | | |
| | c) | | | |
| II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH | | | | |
| DISEASE OR CONDITION CAUSING DEAT | | | | |
| | NDINGS OF OPERATIO | N | | 20. AUTOPSY? |
| 0 1 | | | | YES NOTA |
| | | | | |
| 21a. ACCIDENT WAS UNDERLYING 21b. OR CONTRIBUTING CAUSE OF DEATH OF IT IF EITHER, NOTIFY MEDICAL EXAMINER) | PLACE (Home, farm, fac NJURY street, office bldg. | tory, 21c. WHERE DI etc. INJURY OCCUR | | inty) (State) |
| | IE INJURY OCCURRED | 21F. HOW DID IN | JURY OCCUR? | |
| | Vhile Not while t work | | | |
| | 20 | 1 1 1 1 1 | | |
| 22. I hereby certify that I attended the | | | fine, 19.5.5, that I la | st saw the deceased |
| alive on . 29 June , 1955, and the | hat death occurred at | 930 A.M. from the | causes and on the dat | stated above. |
| SIGNATURE | | ADDRESS | | ATE SIGNED |
| Saul N Non | val N | D. P. Sesur | Ille 8 had 2 | 9 June 55 |
| 23. BURIAL, CREMATION, DATE THEREOF | | ERY OR CREMATORY | LOCATION (City, town, | or/county) (State |
| REMOVAL (SPECIFY) | | | | |
| Burial 7/2/55 | Loudon Park | 4 | | yland |
| DATE BEC'D BY LOCAL REGISTRAR'S S | SIGNATURE | 24. FUNERAL DIE | | ADDRESS OA |
| 21 25 MG | 1 Notice | HWMIJ- IC | bren Hous-No | un i a un |
| V M | | | | |

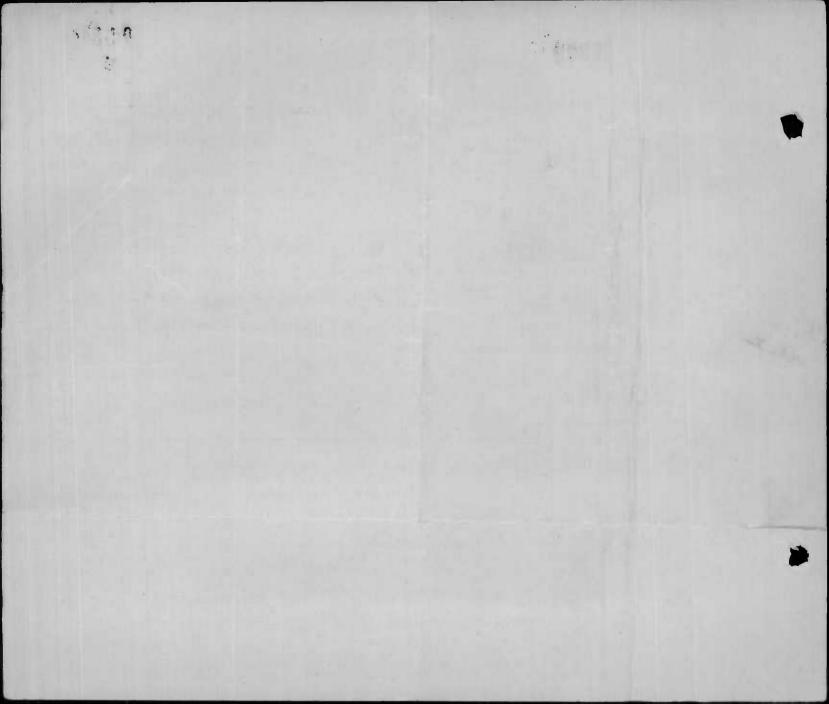


MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

| Dog | Inter | Min | |
|------|-------|-----|----|
| neg. | Dist. | No | ı. |

| 5322 MAR | YLAND STATE DEP | PARTMENT OF HE | CALTH | |
|--|-----------------------------------|-----------------------|---------------------------------------|---|
| 0062 | CERTIFICAT | E OF DEAT | Н | ø w |
| | FOR MEDICAL | | | st. No. |
| I. PLACE OF DEATH- | | 2. USUAL RESIDENCE (H | OME) OF DECEASED. | UNTY |
| CITY (If outside corporate limits, write RURA) | MARYLAND and LENGTH OF STAY | nd | 1201+0 | |
| TOWN give nearest town) | (in this place) | TOWN | te ilmita, write RURAL a | * |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 2928 NAY- 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of service) | thwind Rd | STREET ADDRESS 2823 | Ezie AV | e Balto 34 |
| 3. NAME OF (First) | (Middle) | (Last) | 4. DATE (Month | |
| (Type or Print) 5 1/24867h | Kennedy | EVANS | DEATH JUN | e 12 1955 |
| 5. SEX 6. COLOR ON RACE | WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday If | under I year If under 24 hrs. onths Days Hours Min. |
| done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | Balto C. | foreign country) | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME | 17003274, 12 | 14. MOTHER'S MAIDEN | NAME | 1434 |
| Chas A Jeft | 011 | Margaret | Kenned | 5 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | NO NO | 17. INFORMANT AND AL | DRESS | 6 . 0 |
| 1 NO Iservice) | J8:7MEDICAL CE | RTIFICATION | 76177825. | Exis Ava |
| I. DISEASES OR CONDITIONS DIRECTLY L | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | (Ala | nary Do | 1 | C. 11 |
| 420. / Immediate cause (a) | | | Cultura | and the second |
| Antecedent cause(s) Diseases or conditions, if any, (b) | Halber | Sensea | i | 8 m. |
| giving rise to the above cause stating the underlying cause last | 10 | | ##################################### | |
| · | 0 | | | |
| OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |
| 19a. DATE OF OPERATION 19b. MAJOR FI | NDINGS OF OPERATION | | | 20. AUTOPSY? |
| 21 FYTERNAL CAUSE WAS I PLACE | E (Home, farm, factory, street, | (CITY OF T | OWN | Yes No B |
| PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. | oflice bldg., etc.) | (CITY OR T | | NTY) (STATE) |
| OF | NJURY OCCURRED While at Not while | HOW DID INJURY OCC | CUR? | |
| | work at work | 1 | | |
| 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or | s described above, held an A | utopsy J. Inspection | Inquiry [] thereon | and from the evidence |
| from natural causes accident. | suicide , homicide , | undetermined | a doore, and aeath in | my opinion resulted |
| SIGNATURE | (Degree or title) | ADDRESS | | DATE SIGNED |
| Il Mollest Onos | mellento | 7.501 Vac | LRd Towns | 2 #4 md /12/5- |
| 2º TRIAL, CREMATION DATE THEREOF | F 1 | RY OR CREMATORY LO | OCATION (City, town, or | county) (State) |
| BMOVAL (Specify) 6/15/5- DATE REC'D BY LOCAL REGISTRAC'S SI | 5 Moreland | Men Cen | 134 | 1+0 Ud |
| REG 14 18 18 1 W | Illo di al | PONERAL DIRECTOR | 116 | ADDRESS |
| John Jills de | Hearing | ousseur In | mos from | 17-1. Juan 11a |
| | | | | |

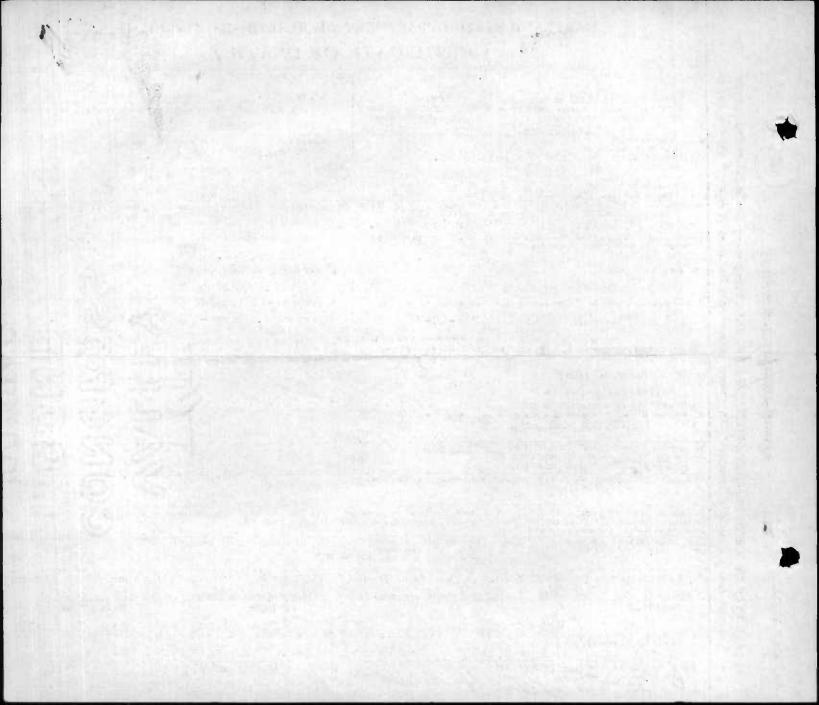


PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53 MAR

| MARYLAN | ND STATE DEPAR | RTMENT OF HEALTH—B CATE OF DEATH | ALTIMORE, 18 |
|---------|----------------|-------------------------------------|---------------------|
| 0024 | CERTIFIC | CATE OF DEATH | Reg. Dist. No. 3 |
| EATH: | | 2. USUAL RESIDENCE | (HOME) OF DECEASED: |
| | | 31.3 | Politimons |

| 1. PLACE OF DEATH: | Kar I Land | 2. USUAL RESIDE | ENCE (HOME) OF DECEAS | ED:^ |
|--|--|-------------------|--------------------------------|------------------------|
| COUNTY Relainens | MARYLAND | STATE Md. | COUNTY Bal | timore |
| COUNTY Baltimore CITY (If outside corporate limits, write R | MARYLAND IIRALI LENGTH OF STAY | | corporate limits, write RURAL | |
| OR and give nearest town) | (in this place) | OR | | and give nearest wwii) |
| X TOWN Baltimore | | TOWN Bal | timore | X |
| HOSPITAL OR | | STREET | (If rural give location | n) |
| OOSTREET ADDRESS 2124 Southle | and Rd. | 2124 | Southland Rd. | |
| 3. NAME OF (First) | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year) |
| DECEASED: (Type or Print) Vincent Jose | | | OF June | 29 19 55 |
| 5. SEX: 6. COLOR OR 7. SINGLE, RACE: WIDOWE | MARRIED, 8. DATE D. DIVORCED, | OF BIRTH: | 9. AGE last birthday IF UNDER | |
| Male White (Specify): | Married Nov. 2 | 29, 1899 | 55 yrs. Months | Days Hours Min. |
| USUAL OCCUPATION (Give kind of work done during most of working life. | OR INDUSTRY: | 11. BIRTHPLACE (| State or foreign country): 12 | |
| | Turst Co. | Baltimore | , Md. | COUNTRY? |
| 13. FATHER'S NAME: | | 14. MOTHER'S MA | AIDEN NAME: | |
| Salvatore Fava | | Mary A. | Tamburo | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCEST | IS. SOCIAL SECURITY NO. | 17. INFORMANT & | ADDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | 217-22-7368 | Theresa M. | Fava - 2124 South | hland Rd. |
| 1 | 8. MEDICAL CERTIFICAT | ION | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY | LEADING TO DEATH | | | ONSET AND DEATH |
| 420.1 | al lu | 111 | | n 1 11 |
| IMMEDIATE CAUSE | (A) adam po | the Sither | e e | - Layk |
| ANTECEDENT CAUSE (8) | DUE TO | 11/1/ | 4 | 101 |
| DISEASES OR CONDITIONS, IF ANY, | (B) Congestive | Host fil | use | Sweeps |
| GIVING RISE TO THE ABOVE CAUSE | UE TO | 1 | | |
| STATING UNDERLYING CAUSE LAST. | 1 P. 1 - 1 | 1. Jain | | 1111 H |
| II OTHER SIGNIFICANT CONDITIONS CO | (C) CHOROLY // | Marrie | | 10/14/MANN |
| TO THE DEATH BUT NOT RELATED TO T | THE | | | PT |
| | FINDINGS OF OPERATION | V | | 20. AUTOPSY? |
| 0 | | | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | B. PLACE (Home, farm, fact INJURY street, office bidg., | etc. 1NJURY OCCUI | DID (Clty or town) (Cou R7 | inty) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) | 21E INJURY OCCURRED While Not white at work at work | 21F. HOW DID I | NJURY OCCUR? | |
| OF INJURY M. | at work at work | | | |
| 22. I hereby certify that I attended the | e deceased from Due | 18, 195, to St | ne 29, 1953, that I la | st saw the deceased |
| alive on kine 78 , 1955, and | that death occurred at | 5 illaliM from th | ne causes and on the date | atatad abarra |
| SIGNATURE 4 | that death occurred at | ADDRESS | | ATE SIGNED |
| Edun Pluspont | м | .D. 82049 | butyke, Belt 7, M | d 69 17-9653 |
| 23. BURIAL, CREMATION, DATE THEREC | | ERY OR CREMATORY | | |
| Burial July 2, | | dral Cem. | Baltimore, Md | . M |
| DATE REC'D BY LOCAL REGISTRAR'S | 16 1 | 24. FUNDRILLO | A CO COOL | hts Ave 7 |
| 2. 23 / Km | or angilswon | rth Armacost | - 4600 Liberty Hg | 1102 9 22 40 8 1 |
| | | | | |

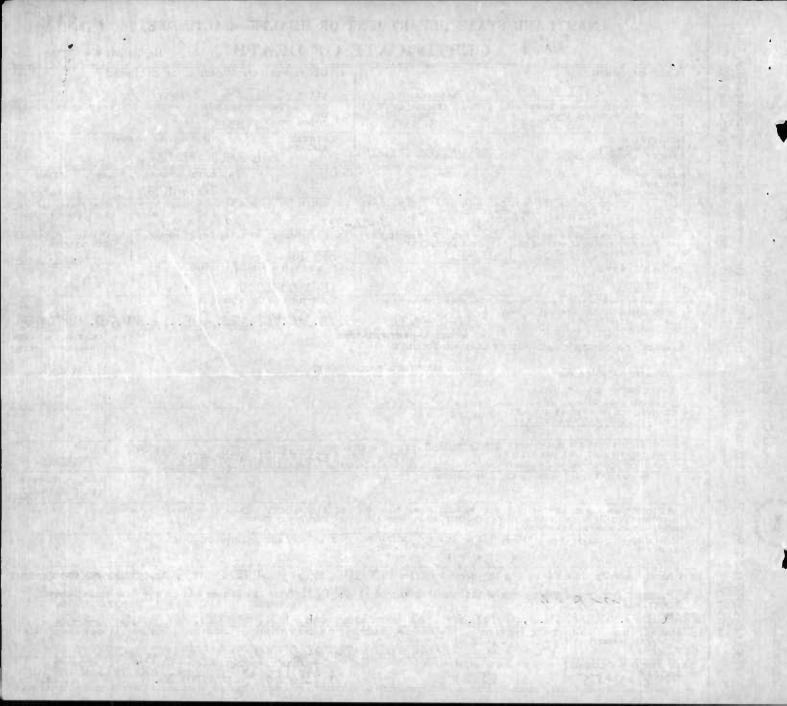


PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05318 CERTIFICATE OF DEATH Reg. Dist. No. 44

| | | neg. Dis | |
|--|--|--|------------------------|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| COUNTY BALTIMORE | MARYLAND | STATE MARYLAND COUNTY | |
| CITY (If outside corporate limits, wi | rite RURAL LENGTH OF STAY | CITY(If outside corporate limits, write RURAL | and give nearest town) |
| TOWN FORT HOWARD | (in this place) 23 DAYS | TOWN BALTIMORE | 3401-4 |
| HOSPITAL OR | | STREET (If rural give location | |
| 50 STREET ADDRESSETERANS AD | MINISTRATION HOSPITA | 6614 FAIT AVENUE | |
| 3. NAME OF (First) DECEASED: | (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| (Type or Print) GUS | J. FEDI | DER DEATH: JUNE 2 | 1955 |
| 5. SEX: 6. COLOR OR 7. SIN RACE: WIE | OWED, DIVORCED. | OF BIRTH: 9. AGE last birthday IF UNDER 1 Months | |
| | | 4-92 63 yrs. | |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life. | | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| even if retired): MECHANIC | DIESEL | SWEDEN | U. S. A. |
| 13. FATHER'S NAME: | | 14. MOTHER'S MAIDEN NAME: | |
| JOHN FEDDER | | LENA CARLSON | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unk.) (If Yes, give war or de | | 17. INFORMANT & ADDRESS: | |
| YES of service) WW I | 217-09-0539 | CLIN.REC.VET.ADM.HOSP.,FT.HOWA | RD, MARYLAND |
| | 18. MEDICAL CERTIFICAT | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIREC | TLY LEADING TO DEATH | | ONSET AND DEATH |
| IMMEDIATE CAUSE | (A) CARCINOMA OI | F LUNG | UNKNOWN |
| ANTECEDENT CAUSE (S) | DUE TO | | |
| DISEASES OR CONDITIONS, IF ANY, | ** *(B) *** *** | Man to at the the total and th | |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST | DUE TO | | |
| | (C)_ | | |
| II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED | S CONTRIBUTING PULMONAL | RY EMPHYSEMA, CHRONIC, SEVERE | |
| DISEASE OR CONDITION CAUSIN | | SCLEROTIC HEART DISEASE | UNKNOWN |
| 19A. DATE OF OPERATION: 19B. MA | JOR FINDINGS OF OPERATIO | N | 20. AUTOPSY? |
| | | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 218. PLACE (Home, farm, fac OF INJURY street, office bldg., | ctory. 21c. WHERE DID (City or town) (Court, etc. INJURY OCCUR? | nty) (State) |
| 21b. TIME (Month) (Day) (Year) (How OF INJURY | While Not while at work | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that Kattende | | 10 , 1955, to JUNE 2 , 1955, that Address | to any checkers and |
| SIGNATURE IS ONLY | xand that death occurred at | 3:40AM, from the causes and on the date | stated above. |
| FRANCIS G. DICKEY, M.D. | Chief, Medical Servin | co. VAH, FORT HOWARD, MARYLAND | 6-2-55 |
| 23. BURIAL, CREMATION, DATE TH | | ERY OR CREMATORY LOCATION (City, town, o | or county) (State) |
| Burial 3-6- | BALTIMORE N | ATIONAL CEMETERY BALTIMORE, MAR | YLAND |
| DECICEDAD | AR'S SIGNATURE | Walter Brook Bradley Md 700 Wi | ADDRESS . DO |
| REGISTRAR -3-55 | JST | Baltimore (Dundalk) Md | Road |



CERTIFICATE OF DEATH

Reg. Dist. No. 30

| 1. PLACE OF DEATH COUNTY | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY | |
|--|--|----------------------------------|
| BALTO . MARYLAND | STATE COUNTY | |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest | t town) |
| OR give nearest (pwn) TONS VIL LE (in this place) | TOWN BALTO. | 101.4 |
| HOSPITAL OR | STREET (If rural, give location) | / |
| STREET ADDRESS HOUSE IN PINES HOME | ADDRESS 717 STAMFORD RD. | |
| 3. NAME OF DECEASED (First) ALIDA GERRITS | CLast) OF OF GEATH G - S | (Year) |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify | 8. DATE OF BIRTH 9. AGE last birthday If under. I year Months. Days 7 7 7 7 7 9 1 1 1 1 1 1 1 1 1 | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY | | ON OF WHAT |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| JOHN GERRITS | ALIDA DEURITER | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS | 0 |
| (Yes, no, or unknown) (If year, give war or dates of | Mrs. Bonnow 717 Stoutord Rd | |
| | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH, | RTIFICATION | AND DEATH |
| | THE RESERVE OF THE PARTY OF THE | |
| Immediate cause (a) Crebral Hear | onhere 3. | da. |
| 4.8 × 4.00 × 3 | | |
| 742 XAntecedent cause(s) | 17/18/15 | (3) |
| Diseases or conditions, if any, (h) & Survey Care | rdes Varantes Rend Dinese 10 | 3R (5) |
| giving rise to the above cause stating the underlying cause last | | |
| (e) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | | |
| related to the disease or condition causing death. | 1 20 41 | VITO DOVE |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. A | UTOPSY? |
| | Yes | |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (S | STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF While at Not While INJURY m. Work At work | | |
| | 1 5 | |
| 22. I hereby certify that I attended the deceased from 6 - 5 | , 1995, to 0 - 1, 1993, that I last saw the | deceased |
| " 1 " 7 10 515 111 1 1 1 1 1 1 | T. 1 12 | |
| alive on | ADDRESS DAT | ove. E SIGNED |
| Didnig Old | | 7-55 |
| 23. BURIAL CREMATION DATE INAME OF CEMETER | Uras Control of the C | |
| 23. BURIAL, CREMATION DATE NAME OF CEMETER REMOVAL (Specific) | RY OR CREMATORY LOCATION (City, town, or county) | (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | | RESS |
| REG. / 12-FF THE TI | 7.17 OHA C+ | 1111 |

DECEDALD

BUREAU V. S.

वहर

The correct

WITH UNFADING INK. nportant. Physicians: please

PLEASE WRITE PLAINLY, WITH U is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1

| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR COUNTY COUNTY ON COUNTY OR COUNTIBUTION OR COUNTY OR COUNTIBUTION OR COUNTY O | | | |
|--|--|---|---|
| CITY (If outside corporate limits, write RURAL and ROBERT OF STAY OF TOWN OF CONTROL OF TOWN O | | STATE COUNTY | DAITA |
| TOWN TWO BASES (10 MI) SPARKS (In this place) (In this | CVTV VI | MINKILDIND | DAUIU. |
| STREET ADDRESS / RK ROAD STREET ADDRESS / RK ROAD 3. NAME OF DECASED (First) (Middle) (Last) / RATE (Month) (Dey) (DEY | OR give nearest town) CDADE (in this place) | | 1/ |
| ADDRESS RK ADDRESS ADDRES | HOSPITAL OF | TOWN MARYLAND - JPA | JAR X |
| 3. NAME OF OFTIND COUNTY OF COUNTY O | INSTITUTION OR V | ADDRESS YORK ROAD | 1 |
| Type or Print) S. SEX 6. CLOR OR RACE WIDOWED DIVORCED. WIDOWED AD DECEMBER LITTLANCE COUNTY. 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS WIDOWED AND DIVORCED. WIDOWED AND THE WILLIAMS OF COMPANY. INTERVAL BE ONSERT AND DIVORCED. WIDOWED AND THE WILLIAMS OF COMPANY. INTERVAL BE ONSERT AND DIVORCED. WIDOWED AND THE WILLIAMS OF COMPANY. INTERVAL BE ONSERT AND DIVORCED. WIDOWED AND THE WILLIAMS OF COUNTY. INTERVAL BE ONSERT AND DIVORCED. WILLIAMS OF DIVORCED. WILLIAMS OF DIVIDING OF OPERATION 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTORS AND DIVIDING OF COUNTY. WILLIAMS OF DIVIDING OF COUNTY. WILLIAMS OF DIVIDING OF THE WORLD ON THE WORLD O | | (Last) 4. DATE (Month) | (Dey) (Year) |
| 4. SUNAL OCCUPATION (Give kind of work light Kind o | (Type or Print) CARENIE | | |
| 10s. USUAL OCCUPATION (Cive kind of work along days and most of working life even it retired) and the property of the property | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. | 8. DATE OF BIRTH 9. AGE iast hirthday If under | year Ilfunder 24 hrs |
| 10s. USUAL OCCUPATION (Cive kind of work along days and most of working life even it retired) and the property of the property | MALE WHITE WIDOWED DIVORCED, (Specify) MARRIED | | Days Hours Min. |
| 13. FATHER'S NAME FEORGE SPAKS 14. MOTHER'S MAIDEN NAME SPAKS 15. WAS DECEASED EVEN IN U.S. ANNEO FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION | 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Rusings on | 11. BIRTHPLACE (State or foreign country) 12 | CITIZEN OF WHAT |
| 13. FATHER'S NAME FEORGE FOSTER 16. Social Security No. 17. Informant and address 18. Medical Certification 19. Diseases or conditions, if any, giving rise to the shove pouse; stating the underlying cause last (c) 19. Diseases or conditions on thinking to the dest but not related to the disease or conditions on thinking to the dest but not related to the disease or conditions and provided to the disease of conditions on the dest but not related to the disease or conditions and provided to the disease or condition using death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS 19c. DATE OF DEATH 19d. DATE OF D | GONE during most of working life, even if retired) AINDUSTRY REPAIRING | MARYLAND | COUNTRY |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? IG. SOCIAL SECURITY NO. IT. INFORMANT AND ADDRESS (Yes, no. or unknown) [Urse, tye, war or dates of service) [I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the deeth but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, related to the disease or condition causing death. 17. INFORMANT AND ADDRESS (INTERNAL CAUSE) 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? IG. SOCIAL SECURITY NO. IT. INFORMANT AND ADDRESS (Yes, no. or unknown) [Urse, tye, war or dates of service) [I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the deeth but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, related to the disease or condition causing death. 17. INFORMANT AND ADDRESS (INTERNAL CAUSE) 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION | GEORGE FOSTER | RACHEL SPARKS | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause (a) Diseases or conditions, if any, giving rise to the shove reuses stating the underlying clowe last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the dest but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS Yes 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, CAUSE OF DEATH. TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED OF DEATH. TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry in thereon and from the evid obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion rest from: natural causes X, accident , suicide , homicide , undetermined . SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE INTERVAL BE ONSET AND INTERVAL BE ONSET AND ONSET | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause | (Yes, no, or unknown) (If yes, give war or dates of | FAMILY RECORDS | |
| Inmediate cause Antecedent cause(s) Disease or conditions, if any, giving rise to the show resuser stating the underlying calvon last Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) OF office bidg., etc.) OF office bidg., etc.) INJURY 22. I certify that I took charge of the remains described above, held an Autopsy OF Inspection of Inquiry obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resultance by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resultance in the condition of | | | 1 |
| Antecedent cause (a) Diseases or conditions, if any, giving rise to the shove reuse: stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the dest but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF OPERATION POR COURTED OF OF DEATH. TIME (Month) (Dey) (Year) (Hour) INJURY OCCURED OF OF OPERATION 19b. MAJOR FINDINGS OF OPERATION HOW DID INJURY OCCUR? OF OF DEATH. TIME (Month) (Dey) (Year) (Hour) INJURY OCCURED While at work Not while at work Invited by said Autopsy, Inspection of Inquiry thereon and from the evid obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion rest from: natural causes X, accident , suicide , homicide , undetermined SIGNATURE OATH DATE INDICATE OF OPERATION DATE TIEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (States) REMOVAL (Specify) DATE TIEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) OATH DATE DECTORY LOCAL (SPECISTIARS SIGNATURE) OATH DATE DECTORY LOCAL (SPECISTIARS SIGNATURE) | | | INTERVAL BETWEEN |
| Immediate cause Antecedent cause(s) Disease or conditions, if any, giving rise to the chove reuse stating the underlying citows last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the deet but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) OF office bidg., etc.) OF office bidg., etc.) TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED While at Not while INJURY TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED Work In twork Indicate the control of the remains described above, held an Aulopsy Inspection of Inquiry, find that said deceased died on the day stated above, and death in my opinion rest from: natural causes X, accident I, suicide I, homicide I, undetermined I. SIGNATURE A. TAGLE DATE SIGNATURE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) SERVICULA DATE SIGNATURE DATE SIGNATURE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) SERVICULE SECTION OF THE PARKS SIGNATURE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) SERVICULE SECTION OF THE PARKS SIGNATURE ADDRESS DATE SIGNATURE SECTION OF THE PARKS SIGNATURE OF THE PARKS SIGNATUR | 1130 1 | | ONSET AND DEATH |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove couse. Stating the underlying civous last stating the underlying civous last stating the underlying civous last conditions contributing to the deeth but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 22. AUTOPS OF DEATH. TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED While at Not while st work stated above, held an Autopsy in Inspection of Inquiry thereon and from the evid obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion results of the information of the country of the condition of the c | | chusion | |
| Conditions contributing to the deeth but not related to the disease or condition enusing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS Yes 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED White at Not while work at w | Diseases or conditions, if any, (h) giving rise to the shove couse stating the underlying cause last (c) | 7 · · · · · · · · · · · · · · · · · · · | ** WE ST ST ******************************** |
| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) PRIMARY OR CONTRIBUTING OF office bidg., etc.) INJURY TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection of Inquiry thereon and from the evid obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion rest from: natural causes X, accident , suicide , homicide , undetermined . SIGNATURE 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BREMOVAL (Specify) DATE RECORD BY LOCAL (REGISTRARS SIGNATURE) 1 Yes (CITY OR TOWN) (COUNTY) (STATE (CITY OR TOWN) (CITY OR TOWN) (COUNTY) (COUNTY) (CITY OR TOWN) (COUNTY) (COUNTY) (STATE (CITY OR TOWN) (CITY OR TOWN) (COUNTY) (COUNTY) (CITY OR TOWN) (COUNTY) (CITY OR TOWN) (CITY OR TOWN) (COUNTY) (CITY OR TOWN) (CITY OR TOWN) (CITY OR TOWN) (CITY OR TOWN) (COUNTY) (CITY OR TOWN) | Conditions contributing to the death but not | | |
| 21. EXTERNAL CAUSE WAS PRIMARY GOR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Dey) (Year) (Hour) (NJURY OCCURRED White st Not white work Month at | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| 21. EXTERNAL CAUSE WAS PRIMARY GOR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Dey) (Year) (Hour) (NJURY OCCURRED White st Not white work Month at | | | Yes No 4 |
| Time (Month) (Dey) (Year) (Hour) INJURY OCCURRED Not while at work Not work Not while at work Not wor | 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH | (CITY OR TOWN) (COUNTY) | (STATE) |
| OF INJURY m. While at work Not work | TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evid obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion rest from: natural causes X, accident , suicide , homicide , undetermined . SIGNATURE DATE SIGNATURE 1. ADDRESS DATE SIGNATURE 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BREMOVAL (Specify) DATE RECORD BY LOCAL REGISTRARS SIGNATURE | OF White at Not while | | |
| BIRATORAL (Specify) VINE 27,1955 JESSOPS CEMETERY (OCKEYSVILLE, BALTO. CO., IN | 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decer from: natural causes X, accident , suicide , homicide | ased died on the day stated above, and death in my \cdot undetermined \square . | from the evidence opinion resulted DATE SIGNED |
| BIRTOVAL (Specify) JUNE 27, 1955 JESSOPS CEMETERY (OCKEYSVILLE, BALTO. CO., IN | of the state M.D. | arklon no | 7/15 |
| DATE RECID BY LOCAL - RECISTRAR'S SIGNATURE | BREADOVAL (Specify) JUNE 27,1955 JESSOPS CE | | *** |
| REG. O. G. G. G. J. Com Tenn Busses force Tenn D | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |

DECENED

BUREAU V. S.

20. AUTOPSY (State)

INTERVAL BETWEEN

ONSET AND DEATH

(Day)

Days

20,

(Year)

Hours

2 0 国 TYPI SE PLE

21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while While OF INJURY at work L at work 22. I hereby certify that I attended the deceased from Nov. 4, 1953, to 6/20, 1955, that I last saw the deceased 19 55, and that death occurred at 10: 3 M, from the causes and on the date stated above. alive on .. 6 SIGNATURE DATE SIGNED M. D. 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) Burial Loudon Park Cem. FUNERAL DIRECT DATE REC'D BY LOCAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 . 15321

PLAINLY, (WRIT

Talley Mar SCHOOL SELECTION OF THE PROPERTY OF THE PROPER ROBEL OF COLLEGE . Committee of the comm

The

Supply every item of information carefully.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY, WITH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 195322

5328

CERTIFICATE OF DEATH

BALTO. MD.

| | d OI Diffill Reg. Dist | . No. 7/ |
|--|---|-----------------------|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| COUNTY BALTIMORE MARYLAND | STATE MARYLAND COUNTY | |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL a | ind give nearest town |
| Y TOWN FORT HOWARD (in this place) | OH DATESTAN | 3 VOI_4 |
| HOSPITAL OR INSTITUTION OFF | STREET (If rural give location) | |
| 50 STREET ADDRESS VETERANS ADMINISTRATION HOSPI | TAL 1846 WIKENS AVENUE | |
| DECEASED: | (Last) 4. DATE (Month) (I | Day) (Yesr) |
| (Type or Print) WILLIAM FOST 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | OF BIRTH: 9. AGE last birthday if under ty | 22 19 55 |
| MALE WHITE WIDOWED, DIVORCED, (Specify) MARRIED 5-9-75 | D. HOL IMME DITERIGEN TO GROEK TY | Pays Hours Min. |
| OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): [12. | CITIZEN OF WHAT |
| work done during most of working life. even if retired): ELECTRICIAN STEEL PLANT | | COUNTRY? |
| 13. FATHER'S NAME: | NORTH POINT, PENNSYLVANTA | U. S. A. |
| EPHRIAM FOSTER | MAGGIE L. MCCLELLAN | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| YES of service) SAW 213-07-1313 | CLIN.REC., VET.ADM.HOSP., FT.HOW | ARD. MD. |
| 18. MEDICAL CERTIFICAT | ION | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| 420.1 | | E 100 C 100 |
| | INFARCT: ARTERIOSCLEROTIC | 4 377777 |
| ATTENDED TO THE TOTAL CO. | OF LEFT CORONARY ARTERY | 4 WEEKS |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | FT CEREBRUM | UNKNOWN |
| (c) | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | |
| DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | | |
| 19a. Date of operation: 19b. MAJOR FINDINGS OF OPERATION 14-29-55 TRANSURETHRAL RESECTION | Findings: Nodular hyperplasia of prostate | 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., | tory 21c WHERE DID (City or town) (Count | y) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | |
| VA | | |
| 22. I hereby certify that kattended the deceased from APR. | The | |
| AND | | stated above. |
| WILLIAM BE VANDEGRIFT M. | D. VAH, FORT HOWARD, MARYLAND | 5-23-55 |
| REMOVAL (SPECIFY) | ERY OR CREMATORY LOCATION (City, town, or | county) (State) |
| | | |
| REGISTRAR REGISTRAR'S SIGNATURE REGISTRAR AU AU AU AU AU AU AU AU AU | WM. COOK-BLIGHT INC. 6009 H | ARFORD RD |

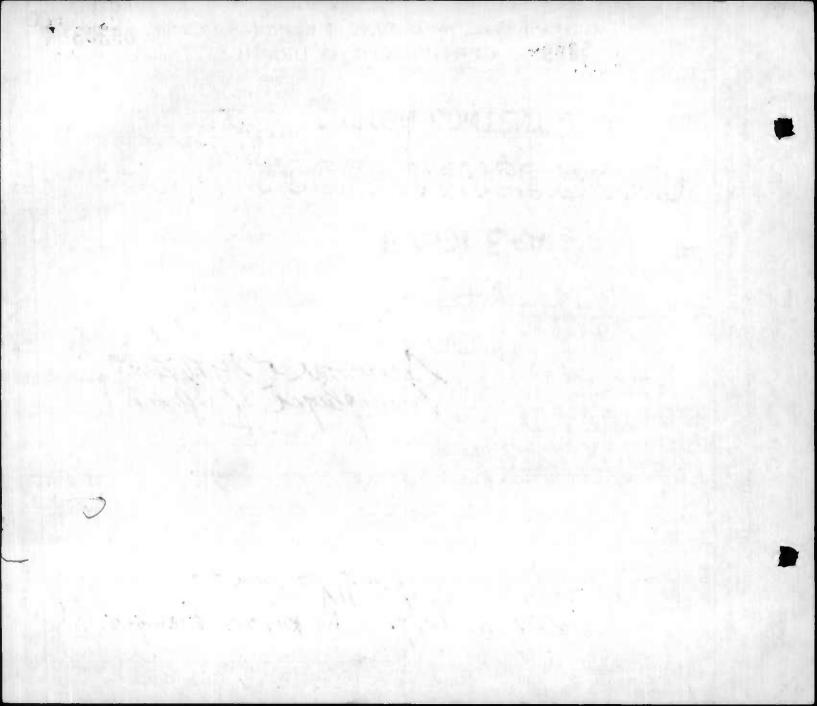
SERVICE AND ATTEMPT OF THE PROPERTY OF THE PRO THE REPORT OF THE PARTY OF THE PROPERTY OF THE PARTY OF T M

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 15323 CERTIFICATE OF DEATH Reg. Dist. No.

| | | , |
|--|--|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY HALPTHOFPS, Balton MARYLAND | STATE Maryland COUNTY | |
| CITY (If outside corporate fimiles, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) | CITY(If outside corporate limits, write RURAL and | give nearest town) |
| TOWN | Town Baltimore | 3 V 0 1 - 4 |
| HOSPITAL OR Craddock's Nursing Home 90 STREET ADDRESS 1900 Northeast Ave, | STREET (If rural give location) | |
| 70 STREET ADDRESS 1900 Northeast Ave, | 1918 Riggs Ave. | |
| DECEASED: Motthowa B Fraling | (Last) 4. DATE (Month) (Da | y) (Year) |
| (Apple of Trial) | OF DEATH: 6-8- OF BIRTH: 9. AGE last birthday if under 1 year | 19 22 |
| M Colored WIDOWED, DIVORCED. Oct. | 6,1904 50 yrs. Months Day | |
| 10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS work done during most of working life, OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. C | TIZEN OF WHAT |
| even if retired: Cutter Gordon Paper Box | Taneytown, Maryland | |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Simon Fraling | Josephine Cook | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | THE REAL PROPERTY. |
| (Yes, no, or unk.) (If Yes, give war or dates of service) WWII | Simon Fraling 1603 McKean A | ve. |
| 18. MEDICAL CERTIFICAT | | NTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | the of Brack from | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) Land | nome of say young | STATE |
| ANTECEDENT CAUSE (S) DUE TO ALL ALL ALL ALL ALL ALL ALL A | Alaged of Cell sele | - A |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | The state of the s | |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | N | 20. AUTOPSY? |
| | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., | tory. 21c. WHERE DID (City or town) (County) INJURY OCCUR? | (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from | (5, 1955 to MMC & 1975, that I last s. | aw the deceased |
| 1 1 1 1 7 | // AM, from the causes and on the date str | |
| SIGNATURE | | SIGNED SIGNED |
| THON Wookers ILM | 1. D. K4 191 212 Olas 1912 | THIN |
| 23. BURIAL, CREMATION, DATE THEREOS NAME OF CEMETE | ERY OR CREMATORY LOCATION (City, town, or | |
| Burial 6-18-1955 Baltimore | National Baltimore, Mary | rland |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR | ATT TUNERAL DIRECTOR Phillips | ADDRESS |



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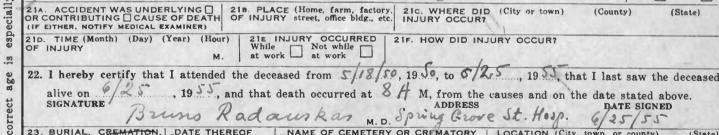
TOWN

3. NAME OF

DECEASED:

S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY CITY (If outside corporate limits, write RURAL OR and rive plarest town). TOWN LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) (in this, place) OR Si402 5/18/50 TOWN J'Drive Grove STREET give location) INSTITUTION OR ADDRESS STREET ADDRESS 400 (First) (Middle) (Last) (Month) DATE (Day) (Year) Katherine (Type or Print) 1955 DEATH 6. COLOR OR |7. SINGLE, MARRIED. DATE 9. AGE last birthday (Specify): DIVORCED. RACE: Days Monthal Hours IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS (State or foreign country): 112. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY? even if retired): house wif 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates l's Records of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Cardiopulmonary thrombosis hours IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) Cachexia and inanition months DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE To Multiple intrabdominal metastases STATING UNDERLYING CAUSE LAST. 22 Carcinoma of (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Infarctive cardiac fibrosis vears DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 Annular carcinoma ascending colon NO (County) (State) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work , and that death occurred at 8 H M, from the causes and on the date stated above.



23. BURIAL, CREMATION. REMOVAL (SPECIPY)

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE REGISTRAR.

ADDRESS

(State)

des companies manifestations are since to a first account of a resident which which

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 33 | 1 | CERTIF | ICATE | OF | DE | АТ |
|----|---|---------|-------|------|--------|----|
| 00 | 4 | CLARKER | CILII | O.L. | 101111 | |

| 5331 CERTIFICATI | E OF DEATH Reg. Dist. No. 33 |
|--|---|
| 1. PLACE OF DEATH: COUNTY Butture MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give ricerest town) (in this place) | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) OR |
| 1. PLACE OF DEATH: COUNTY Bulture MARYLAND CITY (If outside corporate limits, write RURAL OR and give hearest town) TOWN PLACE OF PROPERTY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS 2. NAME OF THE PROPERTY (Middle) | STREET (If rural give location) |
| 3. NAME OF DECEASED: (Type or Print) 6. COLOR OR RACE: (Specify): Jung (2) (Middle) (Middle) (A N (A N (A N (Specify): Jung (2) (A N (A | (Last) 4. DATE (Month) (Day) (Year) OF DEATH: THE WOLL 78 19 'VJ OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS Min. YES. WONTH DAYS HOURS MIN. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 13. FATHER'S NAME: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME: |
| Raymond W Lewske Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np. or unk.) (If Yes, give yar or dates | Hieda Bittle |
| (Yes, n, or unk.) (If Yes, eive war or dates of service) 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | Rw Gauske Sr, upperso med |
| 193X Brain | June Interval Between onset and death |
| ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO DUE TO DUE TO | ne gliona |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | |
| | 20. AUTOPSY? YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or contributing Cause of Death of Injury street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factor of Injury street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factor of Injury street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factor of Injury) street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factor of Injury) street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factor of Injury) street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factor of Injury) street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factor of Injury) street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factor of Injury) street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21C. TIME (Month) (Day) (Year) (Hour) While Injury) occurrence of Injury street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | etc. INJURY OCCUR? |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from 4/2.7 alive on 6/27, 1955, and that death occurred at SIGNATURE | 10 AM, from the causes and on the date stated above. ADDRESS D. Manchester. Md 6/28/55 |
| Bunal June 30/55 Grade | ERY OR CREMATORY LOCATION (City, town, or county) (State) |

MARGIN RESERVED FOR BINDING PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. VS. A15-

Supply every item of information carefully. The

BUREAU V. S.

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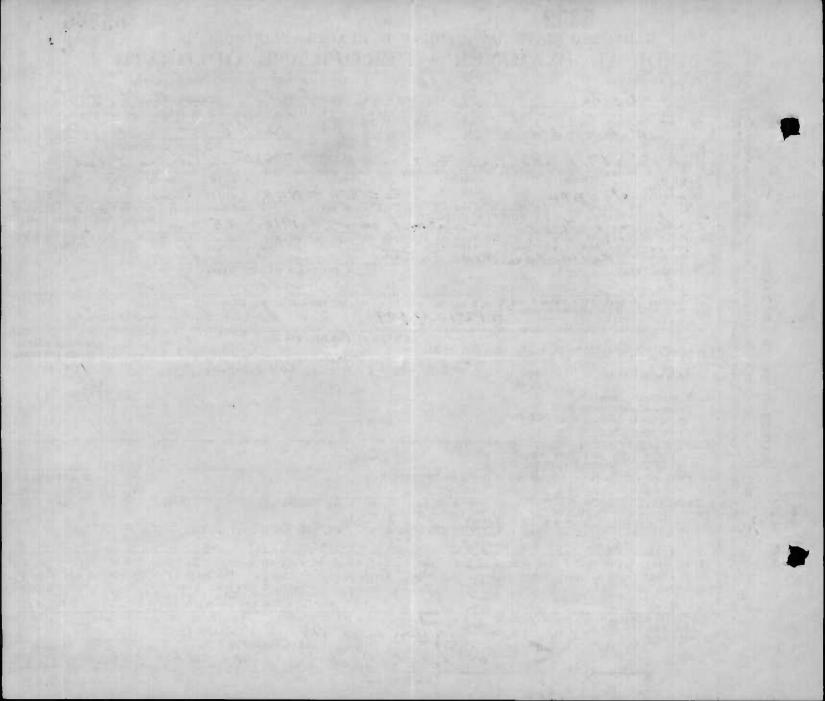
5332 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH |
|---------|------------|-------------|----|-------|

| MEDICINE MAINTINER S CERT | THICH OF DEATH NO. |
|--|---|
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY Batto. MARYLAND | STATE Ind. COUNTY Balto, Est. |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place) | CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bath 13- 3 Vol. 4 |
| HOSPITAL OR INSTITUTION OR 1700 Saginant Circle | STREET ADDRESS 33/5 Clarks Land. |
| 8. NAME OF (First) (Middle) DECEASED: (Type or Print) VSSPH | 4. P. T. NER DEATH June 12 1955 |
| male RACE; WIDOWED, DIVORCED, (Specify): market of Ja | of BIRTII: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 1 1914. 45 yrs. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman Real Estate | Balto. Ind. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? W. S. A. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Benj. Gearlner | Hilda, Steiner |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service) 2/2-10-9989 | 17. INFORMANT & ADDRESS: Lee Rosenbaum (sister) |
| 18. MEDICA | AL CERTIFICATION INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | ONSET AND DEATH |
| DUE TO | Ecclusion 1 hr |
| Antecedent cause(s) Diseases or conditions, if any, (b) | |
| giving rise to the above cause DUE TO stating underlying cause last (c) | |
| IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | ng. |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes □ No ☒. |
| 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. | |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while - M. Work □ at work □ | 211. HOW DID INJURY OCCUR? |
| | ed above, held an Autopsy 🗌, Inspection 🛛, Inquiry 🔀, and |
| find that death resulted from: Natural causes A, Accidental Signature 2,2 Caples | lent [], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. DEPUTY MEDICAL EXAM. C-12-55 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 6-14-1955 Wingleson M. | el Rd Beelto Med. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE | Jack Lewi Mc 2100 Eutew PL |
| | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



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VS. A15-10-53

| MARYLAND 5333 | STATE DEPARTMEN | | | 05327 st. No. |
|---|---|---------------------------------------|--------------------------------|-------------------------|
| | | | | |
| COUNTY Balto | | 2. USUAL RESIDE | NCE (HOME) OF DECEAS | ED: |
| COUNTY Balto. | MARYLAND | STATE Md. | COUNTY | |
| | te RURAL LENGTH OF STAY (in this place) | OR na | corporate limits, write RURAL | and give nearest town) |
| | | TOWN Balt | | 3V01-4 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 329 Harle | em Lane | ADDRESS TORM | erly of 820 N. Ho | ollins St. |
| 3. NAME OF (First) | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year) |
| DECEASED: (Type or Print) S. SEX: 6. COLOR OR 7. SING | G. | GENS | or DEATH: June | 25, 19 55 |
| 5. SEX: 6. COLOR OR 7. SING | LE. MARRIED. 8. DATE | OF BIRTH: 9 | . AGE last birthday IF UNDER | 1 YEAR IF UNDER 24 HRS. |
| male white Spec | owed, divorced. ify): widowed May 2 | 25, 1862 | 93 yrs. Months | Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Clerk (rtd) | OR INDUSTRY: J. P. Gilpin Co | | State or foreign country): 1; | 2. CITIZEN OF WHAT |
| 13. FATHER'S NAME: | | 14. MOTHER'S MA | IDEN NAME: | |
| Carl Gens | | Amelia | | |
| Carl Gens 15. Was Deceased Ever In U.S. Armed Force (Yes, ng, or unk.) (1f Yes, give war or dat | | 17. INFORMANT & | ADDRESS: Glen I | Burnie, Md. |
| | no | Mr. Charles | V. Cearfoss-306 | |
| I DISEASES OR CONDITIONS DIRECT | 18. MEDICAL CERTIFICA | | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECT | 00 | | | ONSET AND DEATH |
| | (A) Tuta | nonavi | 1 edema | |
| IMMEDIATE CAUSE ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | DUE TO | 1 | 4 1 0 | |
| DISEASES OR CONDITIONS, IF ANY, | (B) Curo | me he | ort fastier | 4 |
| | 19-7 | | 2.5000 | |
| II OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING | es coroses | 8 20817 16 | |
| TO THE DEATH BUT NOT RELATED | TO THE | | | |
| II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B. MAJ | | NI . | | |
| | OR THEBINGS OF OPERATIO | 14 | | 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour | 218. PLACE (Home, farm, fac OF INJURY street, office bldg. | tory. 21c. WHERE D. etc. INJURY OCCUP | (Courtown) (Courtown) | anty) (State) |
| OF 11430KY | While Not while | 21F. HOW DID II | NJURY OCCUR? | |
| 22. I hereby certify that I attended | the deceased from | 1954 to 6 | 25, 1955, that I la | et com the doors |
| 0 9 6 | | A'IIC | | |
| alive on | and that death occurred at | | e causes and on the dat | |
| SIGNATURE AT TOUR PART THE | skeed of. | 1. D. 1802 W. | Boelimon si | 6.2255 |
| | | ERY OR CREMATORY | | or county) (State) |
| Burial (SPECIFY) 6/29/5 | Broad | ifending Cem. | | |
| DATE REC'D BY LOCAL REGISTRA | R'S SIGNATURE | TA FUNERAL DI | | ADDRESS |
| REGISTRAR 7-50 8 | Vedral | -//m. /. | Vickenes & St | res- Dello 7 |
| | J. Du | . / | | my: |

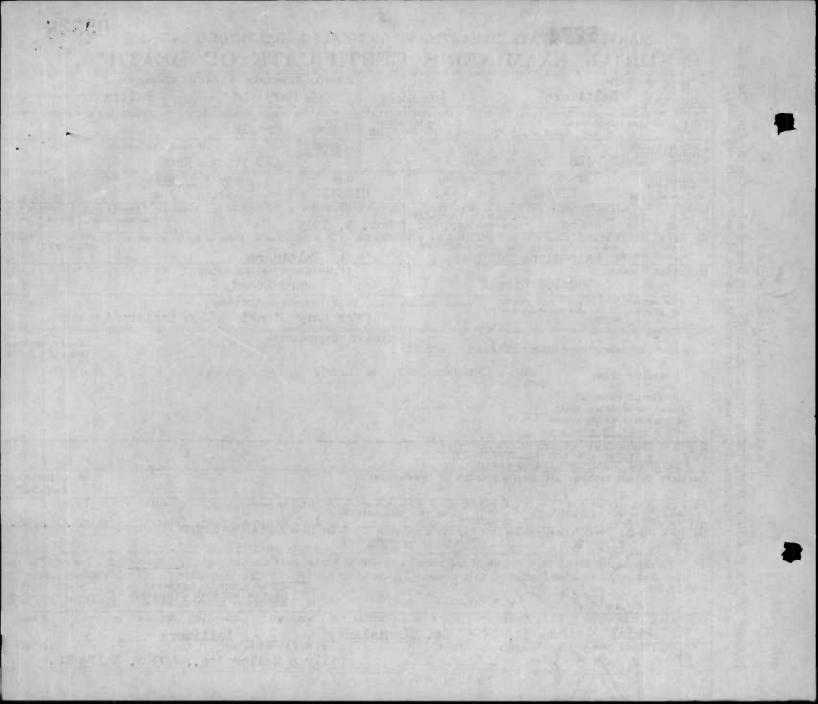
THE PARTY COMPANY OF THE PARTY term who are street menture or owner. It Service State Control of the Control Tello strength (so) which a Co.

VS. A15A - 5 - 53

| MARTINATION STATE DELARIMENT OF MEADIN-DALIMORE, 18 | MARYLAND ST | ATE DEPARTMENT | r of health—baltimore, | 18 |
|---|-------------|----------------|------------------------|----|
|---|-------------|----------------|------------------------|----|

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | 7 |
|---------|------------|-------------|----|-------|---|
| | | | | | - |

| MINDICAL MANIMINER 5 CER | THICAID OF DIATH NO. |
|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| county Baltimore MARYLAND | STATE Maryland COUNTY Baltimore |
| CITY (If outside corporate limits, write RUEAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RUEAL (in this place) O Months | CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk |
| HOSPITAL OR INSTITUTION OR 428 Trappe Road | STREET (If rural, give location) 428 Trappe Road |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE POUMonth) (Day) (Year) |
| DECEASED: (Type or Print) EDWARD A. G | INSKI DEATH June 9. 19 55 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS |
| Male RACE: WIDOWED, DIVORCED, White (Specify): Married Nov. | 9, 1919 35 yrs. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Maintaince Man | R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA' COUNTRY? |
| I3. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Rudolph Ginski | Mary Drozd |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: |
| service) | Mrs Mary Ginski 2106 Eastern Avenue |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Gunshot wound of DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) | AL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes □ No 🌣 |
| 21a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ OF street, office bidg., etc. INJURY HOME | |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not wbile INJURY 6/9/55 6 p. M. work □ at work ▼ | Shot self in head. |
| 22. I hereby certify that I took charge of the remains descri | bed above, held an Autopsy , Inspection , Inquiry , and dent , Suicide , Homicide , Undetermined cause CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER June 10, 19 |
| REMOVAL (Specify): June 11, 1955 St. Stanisl | RY OR CREMATORY LOCATION (City, town, or county) (State) aus Baltimore ADDRESS |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.—(0-5) Hedree | Lilly & Zeiler Inc., 403 S. Wolfe St. |



The

Supply every item of information carefully.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05329 5334 CERTIFICATE OF DEATH

| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|---|
| COUNTY BALTIMORE MARYLAND | STATE MARYLAND COUNTY |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL and give nearest town) |
| OR and give nearest tewn) TOWN FORT HOWARD (in this place) 211 DAYS | TOWN BALTIMORE 3Ve 1-4 |
| HOSPITAL OR | STREET (If rural give location) |
| 50 STREET ADDRESS VETERANS ADMINISTRATION HOSPI | ADDRESS |
| | |
| 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) WILLIAM E. GOE | DEATH: JUNE 22 19 55 |
| MALE 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. 8. DATE WHITE (Specify): SINGLE 7-15- | 9. AGE last birthday IF UNDER 24 HRS. Months Days Hours Min. |
| OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT |
| work done during most of working life. even if retired): PAINTER SELF EMPLOYED | BALTIMORE, MARYLAND U. S. A. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| DANIEL GOETZ | ELIZABETH CLINTON |
| S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: |
| Yes, no, or unk.) (If Yes, give war or dates | 17. IN ORMAN & ADDRESS: |
| YES of service) WW II 220-07-4198 | CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD. |
| 18. MEDICAL CERTIFICATIONS DIRECTLY LEADING TO DEATH | TION INTERVAL BETWEEN ONSET AND CEATH |
| 144 X CARCINOMA (A) CARCINOMA (| OF RIGHT PALATE IINKNOWN |
| DUE TO | OF RIGHT PALATE UNKNOWN |
| ANTECEDENT CAUSE (S) | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO | |
| STATING UNDERLYING CAUSE LAST. | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH. | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO | 20. AUTOPSY? |
| | YES NO [] |
| 1A. ACCIDENT WAS UNDERLYING DOT 18. PLACE (Home, farm, fact of INJURY street, office bldg. F EITHER, NOTIFY MEDICAL EXAMINER) | ctory. 21C. WHERE DID (City or town) (County) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE | D 21F. HOW DID INJURY OCCUR? |
| F INJURY While While at work | |
| 22 I hereby certify that Vattended the deceased from NOV | 23, 1954, to JUNE 22, 1955, HOEXIX SECRETARIO |
| | |
| ANY HOUSE AND THE SIGNATURE AT SIGNATURE | t 12:45 M, from the causes and on the date stated above. ADDRESS DATE SIGNED |
| My Mana well | |
| WILLIAM B. VANDELER 1871 | M. D. VAH, FORT HOWARD, MARYLAND 6/23/55 FERY OR CREMATORY LOCATION (City, town, or county) |
| REMOVAL (SPECIFY) | |
| DUILLAD | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR | JOHN A. MORAN FUNERAL HOME 3000 E. BALTO |
| 6-24-55 (2. 11 Hearnis) | BALTO, MD. ST. |

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TYPE

PLEASE

correct

| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | | | |
|--|---|-----------------------------------|--|
| 5335 CERTIFICATE | n i | 13347 | |
| COUNTY BALLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN HOSPITAL OR | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY(If outside comporate limits, write RURAL and OR TOWN STREET (If rufal give location) | Alternoon degive nearest town) | |
| INSTITUTION OR STREET ADDRESS | ADDRESS Office Sloulo | eRd | |
| DECEASED: (Type or Print) Augustus Trick So | rfield OF DEATH: 6-2 | (Year) 1953 | |
| male while (Specify): Jungle Nov | 17, 1870 84 yrs. Months Ds | Hours Min. | |
| work done during miost of working life, even if retired): farm owners farm | Dallo Co, mol. 12 | COUNTRY WHAT | |
| 13. FATHER'S NAME: JOSSUELS. T. JOSSUELS | Sarah T. Mays | | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | Miss Editle Jordeck Hi | were Ma. | |
| 18. MEDICAL CERTIFICAT | TON | INTERVAL BETWEEN | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 450.0 IMMEDIATE CAUSE ANTECEDENT CAUSE (8) | ged attrio despis | ONSET AND DEATH | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | | | |
| DISEASE OR CONDITION CAUSING DEATH. | now arrive | years. | |
| 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO | N | 20. AUTOPSY7 | |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) | | | |
| OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 2 21F. HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from File., 195/, to June..., 1955, that I last saw the deceased M, from the causes and on the date stated above.

ADDRESS

DATE SIGNED and that death occurred at alive on SIGNATURE

23. BURIAL CREMATION,

State)

NAME OF CEMETERY

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

BUREAU V. S.

SS6I 78 NUL

BECENTED

500/2

EA

22. I hereby certify that I attended the deceased from June, 1948, to June, 1955, that I last saw the deceased AM, from the causes and on the date stated above. DATE SIGNED 23. BURIAL, CREMATION. (City, town, or county) NAME OF CEMETERY OR CREMATORY LOCATION REMOVAL (SPECIFY) DATE REC'D BY LOCAL RÉGISTRAR'S SIGNATURE REGISTRAR

(Year)

(State)

Hours

1955

BUREAU V. S.

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VS. A15 8-51

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 05333

5337 CERTIFICATE OF DEATH

Reg. Dist. No. 33

| | | - | | | | | | | | |
|---|--|---------------|---|------------------|---|-------------------|---|-------------|-------------|--|
| 1. PLACE OF DE | ATH: | | | | 2. USUAL RESID | ENCE (HOME) C | F DECEASEI |); | | |
| COUNTY B | altimore | | MARYL | AND | STATE Mary | land coun | ry Montg | omery | | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | | | CITY (If outside | corporate limits | write RURA | L and give | nearest to | wn) | | |
| | ings Mills | | 8 mo | s place) | Op | lver Sprin | | | 1556 | -2 |
| HOSPITAL OR | | | | | CTDFFT | | ural, give loc | | | |
| INSTITUTION STREET ADDR | or RESSROSEWOOD | State 7 | raining | School | ADDRESS | Burlington | Avenue | | 1 | and the same of th |
| | | 1 Duales 1 | | DCHOOL | (Last) | 4. DATE | (Month) | (Day) | (Year) | = |
| 3. NAME OF DECEASED: | (First) | | (Middle) | | | OF | | Q | | |
| (Type or Print) | | | Marie | | Hall | DEATH: | 6 | | 19 55 | A ring |
| 5. SEX: 6. | COLOR OR RACE: | 7. SINGLE, M | ARRIED, D. DIVORCED, | | OF BIRTH: | 9. AGE last b | Mont | | | Min. |
| female | white | (Specify): | single | 1 | /23/54 | 1 | yrs. | | | |
| | CUPATION (Give | kind of 10b | . KIND OF BU | ISINESS QI | 11. BIRTHPLAC | E (State or forei | gn country): | 12. CIT | TIZEN OF V | WHAT |
| even if retire | | ang life, | INDUSTRI: | | Mary | land | | U.S. | | |
| 13. FATHER'S N. | AME: | | | | 14. MOTHER'S MA | | | - | | |
| Albert. | Wilford Ha | 17 | | | Mariar | Ann Gard | iner | | | |
| | EVER IN U.S. ARME | | SOCIAL SECURIT | y No.: 17. | INFORMANT & A | | | | | |
| (Yes, no, or unk.) | (If Yes, give war o | | | | Rosewood R | | | | | |
| A | service) | | | | | .6001 03 | | | | |
| 1 | | | | | CERTIFICATION | | | IN | TERVAL BET | WEEN |
| I. DISEASES OR | CONDITIONS DI | RECTLY LEA | DING TO DEA | TH: | | | | On | NSET AND DI | |
| 15 dx | | (a) | Broncho- | pneumo | nia | | | | 1 week | <u></u> |
| /Immediate | | UE TO | *************************************** | | | | | | . 1 | |
| Antecedent | cause(s) | | Acute Br | onchit: | is | | | | 1 day | |
| | nditions, if any, the above cause I | (b) OUE TO | | **************** | *************************************** | | 9 80 0 0 0 80 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | 000000000000 |
| stating under | lying cause last | | Congenit | al inte | ernal hydrod | enhelme | | 11/10 | BINTE | 4 |
| II OTHER SIGN | IFICANT CONDI | (c) | Oongenit | ALL IIIO | siliai nyarot | epratas | | | D | |
| Conditions con | tributing to the de | ath but not | | | | 1 | | | | |
| | disease or condition PERATION: 19b. | | | ERATION: | | | | 1 20. | AUTOPSY | ¥ ? |
| n | | | | | | | | | Yes N | o 1527 |
| 21. ACCIDENT | (Specify) | | Home, farm, fa | | (CITY OR T | OWN) | (COUNTY) | (STA | | |
| SUICIDE HOMICIDE | | OF OF INJURY | office bldg., etc.) | | | | | | | |
| TIME (Month | n) (Day) (Year) | (Hour) I | NJURY OCCUI | | HOW DID INJU | RY OCCUR? | | | | |
| OF INJURY | | | Vhile at Not v work ☐ at w | vhile ork [] | | | | | | |
| | outifu that I ad | tanded the | decensed fro | _ 9/27 | , 1954, to | 6/9 19 | 55 that I 1 | ast saw t | the decea | sed |
| | 6/9, 19. | 55 | deceased 110 | 111 | 5:40 a.m., f | the same | and on the | data eta | ted above | 3 |
| SIGNATURE | , 19. | , and th | at death occ | urred at | E) ADDRESS | om the causes | and on the | uate sta | DATE SIG | NED |
| 11 % | 13.10. | m | | | ls, Maryland | | | | 6/9/5 | 5 |
| 23. BURIAL, CR | EMATION DAT | E THEREOF | | | RY OR CREMATOR | | N (City, town | , or county |) (Sta | ate) |
| REMOVAL (| Specify):/ | 9/55 | mx | | et Cemele | 4 was | thena ! | in 1 | 10 C. | |
| DATE REC'D B | Y LOCAL REG | STRAR'S SIG | | | 24. FUNERAL DI | RECTOR | 8 | , | ADDRESS | Š |
| REG. 4 - 9 | -55 11 | 1 ams T | 18,6 | 0 11 | Frank 7 | iera Son | e Po | 360 | 5-14 8 | fru |
| - 0 | | 124 | | | | | | -71. | ush. 10 | 0 |
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05334 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

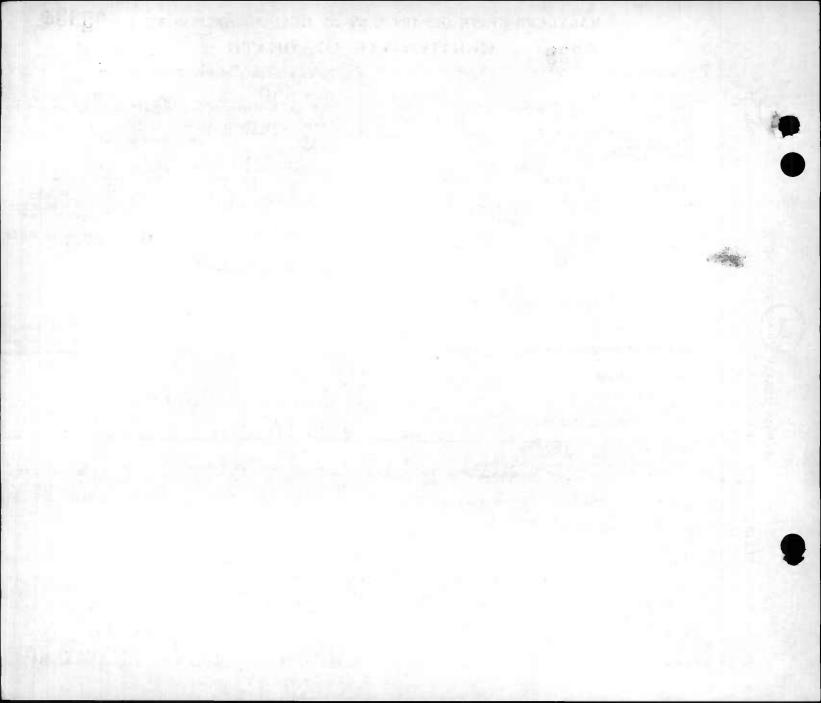
| 5338 CERTIFICATE | E OF DEATH Reg. Dist. | No.38 |
|---|---|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY BALTO. MARYLAND | STATE MD COUNT | TY BALTO. |
| OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL Rn | d give nearest town |
| X TOWN WILTONDALE | TOWN WILTONDALE | X |
| INSTITUTION OR STREET ADDRESS 29 CEDAR AVE. | STREET ADDRESS 29 CEDAR AVE | / |
| 3. NAME OF DECEASED: (Type or Print) (Type or Print) (Type or Print) | (Last) 4. DATE (Month) (Day) OF DEATH: UNF | (Year) |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): SINGLE | of BIRTH: 9. AGE last birthday: If UNDER 1 YE Months Da | ys Hours Min. |
| 10a. USUAL OCCUPATIONGive kind of work done during most of working life, even if retired): 105 F | 11. BIRTHPLACE (State or foreign country); 12. C | OUNTRY? |
| I3. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| GEORGE C. HAND | KATHERINE TROTTER | |
| 15 Was Deceaded Ever IN U.S. Armed Forces? 16. Social Security No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service) 220-30-7380 M | SS ELIZABETH HAND | SAME |
| 18. MEDICAL CERTIFICATION | ON 4- / | Interval Between |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | Onset And Deat |
| Immediate cause (a) | · · · | 111111111111111111111111111111111111111 |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hyper feu six | e Cardio Vascular Assesse | 5- Aug |
| (c) ¿ Chrory | e Mepleri tio | 1755 |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | 0 | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY |
| | | Yes No No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (S | TATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY At Work At Work | HOW DID INJURY OCCUR? | |
| alive on 9-9 mme, 19.5.5, and that death occurred at 4. (Degree or title) | 40 PM from the causes and on the date s | |

VS. A15

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DATE REC'D BY LOCAL REGISTRAR

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(Day)

Days

(Year)

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INTERVAL BETVEEN

ONSET AND DEATH

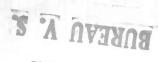
20. AUTOPSY?

OF (county)

ADDRESS

NO

(State)



JUN 23 1955

BECENTED

MARGIN RESERVED FOR BINDING

| | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05.336 CERTIFICATE OF DEATH Reg. Dist. No. |
|------------|--|
| 1. (T | NAME OF DECEASED 2. DATE OF DEATH June 6/53 |
| | PLACE OF DEATH: A. USUAL RESIDENCE (Where decreased lived, It institution: residence Baltimore City, Maryland |
| В. | FULL NAME OF (If not in hospital or institution, give street address or location) COLTY OF TOWN (If not six of corporated in the PURAL and six |
| IN | STITUTION Balto. M. S. township |
| c. | Yrs. D. STREET ADDRESS (If rural, give location) Length of stay in Baltimore Days |
| 7 | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 6.60 9. AGE (In years last birthday) Months: Days Hours Min |
| 10 work | A. USUAL OCCUPATION (Givekind of done during most of working life, eyen if retired) 10B. KIND OF BUSINESS OR INDUSTRY Hanover Pa. |
| | FATHERS MANE 14. MOTHER'S MAIDEN, NAME) Travers |
| 15 (You | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. |
| 1 | CAUSE OF DEATH INTERVAL BETWEE |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO |
| | ANTECEDENT CAUSES |
| CATION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) |
| TIF | (c) |
| EDICER? | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) About home, farm, factory, street, office bidg., etc.) INJURY OCCUR? |
| Σ | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK |
| | 22. I hereby certify that I attended the deceased from |
| | deceased alive on funds, 1955, and that death occurred at 12: & Am., from the causes and on the date stated above |
| | Emest C/Brown IV M.D. 110/ 71. Calred It Gom 6 |
| TIS | A. BURIAL, CREMA- 24B. DATE 24c/NAME OF CEMETERY OR CREMATORY 24D LOCATION/City, town, accounty) on REMOVAL (Specify) alconflux of Survey and Confluences of Survey and Conflu |
| | ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR 243 PRINTERS OF THE PRINTERS |

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| PROTESTAL DIRECTORY CARRIED | | STREET, LAND OF THE OWNER, WHAT |

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PLEASE TYPE OR WRITE

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05337

5341 CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEATH: | | 2. USUAL RESIDEN | CE (HOME) OF DEC | EASED: | |
|---|--|--------------------|------------------------------|--|---------|
| COUNTY Balto. | MARYLAND | STATE Md. | COUNTY | Balto. | |
| CITY (If outside corporate limits, write RI | URAL LENGTH OF STAY | CITY(If outside co | rporate limits, write RU | | t town! |
| OR and give nearest town) | (in this place) | OR TOWN | | | |
| HOSPITAL OR | | STREET | (If rural give loc | X (and the state of the state o | |
| INSTITUTION OR | August August State of the Stat | ADDRESS | | | |
| OO STREET ADDRESS 3807 Patt | erson Ave. | 3807 | Patterson Ave | Э. | |
| 3. NAME OF (First) | (Middie) | (Last) | 4. DATE (Month) | (Day) (Yea | r) |
| DECEASED: (Type or Print) GRACE | R. HASTI | NGS | or DEATH: June | 30, 195 | 5 |
| 5. SEX: 6. COLOR OR 7. SINGLE, WIDOWE (Specify): | married, d, divorced. widowed Aug. 1 | | AGE last birthday IF UN Mont | DER I YEAR IF UNDER S | |
| IOA. USUAL OCCUPATION (Give kind of, 10B | KIND OF BUSINESS | 11. BIRTHPLACE (St | ate or foreign country); | 112. CITIZEN OF | WHAT |
| even if ratired). | OR INDUSTRY: | | | COUNTRY | WIIAI |
| 13. FATHER'S NAME: | at home | Florida | | | |
| | | 14. MOTHER'S MAIL | DEN NAME: | | |
| John Richardson | | Victoria Stee | le | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY No. | 17. INFORMANT & | ADDRESS: | | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | none | Mrs. Grace E. | Jones - 3807 | Patterson A | ve. |
| I DISEASES OR CONDITIONS DIRECTLY L | 8. MEDICAL CERTIFICAT EADING TO DEATH | ION | | INTERVAL BE | |
| 11.201 | 61 | A | - | ONSET AND | CEATH |
| IMMEDIATE CAUSE | (A) Myocas | our mar | show. | Ihm | |
| | UE TO | atu Hypete | - 6 | | |
| DISEASES OR CONDITIONS, IF ANY, | (B) Othercle | note Hyperta | roub landwar | nula | |
| GIVING RISE TO THE ABOVE CAUSE | UE TO . | | | | |
| STATING UNDERLYING CAUSE LAST. | aisian | | | many y | rane |
| II OTHER SIGNIFICANT CONDITIONS CON | (C) | | | 70 | |
| TO THE DEATH BUT NOT RELATED TO T | HE | | | | |
| DISEASE OR CONDITION CAUSING DE | | | | | |
| 19A. DATE OF OPERATION: 19B. MAJOR I | FINDINGS OF OPERATION | ١ | | 20. AUTO | PSY? |
| | | | | YES N | 10 0 |
| 21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER) | PLACE (Home, farm, fact INJURY street, office bldg., | etc. INJURY OCCUR? | (City or town) | (County) (Sta | lei |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | While Not while | 21F. HOW DID IN. | JURY OCCUR? | | |
| M. | at work at work | | | | |
| 22. I hereby certify that I attended the | deceased from 11 an | ~ 1955 to 24 | 1955 that 1 | last saw the dec | reased |
| 2711 | that death occurred at | 030// | | | |
| SIGNATURE 3 and | that leath occurred at | ADDRESS | causes and on the | DATE SIGNED | • |
| 10 ani 30 | - Vaini | n 3601 Pat | tena au #2 | 1 July 19. | 55 |
| 23. BURIAL, CREMATION, DATE THEREO | F NAME OF CEMETI | RY OR CREMATORY | LOCATION (City, to | wn, or founty) | (State) |
| Burial 7/2/55 | Lorraine M | ausoleum | Woodlawn, Mc | 4 | |
| DATE REC'D BY LOCAL REGISTRAR'S | SIGNATURE | 29. FUNERAN DIR | | ADDRESS A | 17 |
| July 2. 1955 Rw. | | V/VM. 4 | Mun 1x | the man a | ill |

SALE STATEMENT THREE BY LAST BY A STREET, BY STATE ARE THE THE STATE OF THE S Co. of the month THE STORY WAS ALL THE STORY DATE OF THE PARTY OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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| 53 | 4 | 2 | | |

| | 5342 CERTIFICATE OF DEATH Reg. Dist. | No. 30 |
|--------|---|-----------------------|
| | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED | 1: |
| 0 | COUNTY Daltimore MARYLAND STATE Med COUNTY Ba | elo. |
| | OR and give negrest town) TOWN CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR TOWN CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits, write RURAL OR TOWN OR TOWN | nd give nearest town) |
| | HOSPITAL OR INSTITUTION OR 1196 At agree Lane STREET ADDRESS 1196 At agree Lane | es Lane |
| | 3. NAME OF (Pirst) (Riddle) (Last) 4. DATE (Month) (I OF (Type or Print) (Large U). | (Year) L 5, 1955 |
| | 5. SEX: 6. COLOR OR 7. SMGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday from 1 your 1 your 1 your 1 your 1 your 1 your 21, 1883 7/ yrs. | |
| | 10A. USUAL OCCUPATION (Give kind of 19B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| | Charles L. Hine Mellissa anspa | ugh. |
| | 15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) 3/1-07-7208 A Miss Cathel M. Heno 1196 | Vanus. |
| 3 | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN |
| 4 | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| | IMMEDIATE CAUSE (A) Hetpertensive Cdroid-Vascular | |
| | ANTECEDENT CAUSE (8) DUE TO Rehal Rehal Rehal | |
| | DISEASES OR CONDITIONS, IF ANY, (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | |
| | (C) | |
| 3 | IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| 5 | IC THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 1 | 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | | YES NO |
| | 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. Countributing Cause of Death Of Injury street, office bldg., etc. 21c. Where DID (City or town) (Countributing Did Cause of Death Of Injury street, office bldg., etc.) | y) (State) |
| 100 01 | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCCUR? | |
| U | 22. I hereby certify that I attended the deceased from 1955, to 2, 195, that I last | saw the deceased |
| ברו מצ | alive on HJune, 1955, and that death occurred at 300 A.M. from the causes and on the date s | |
| 200 | 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or | county) · / State) |
| | Genoval June 6/55 Colon, Ohio Edon, a | theo |
| 1 | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR | ADDRESS |

A15. VS.

Supply every item of information carefully. The

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OR WRITE

TYPE

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uli. W. E. Mc Grath 1303 Fredh. Ra-Cab.

SECELVELL V. S. V. S. S. BUREAU V. S.

every item of information carefully. The

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important. Physicians:

correct age is especially

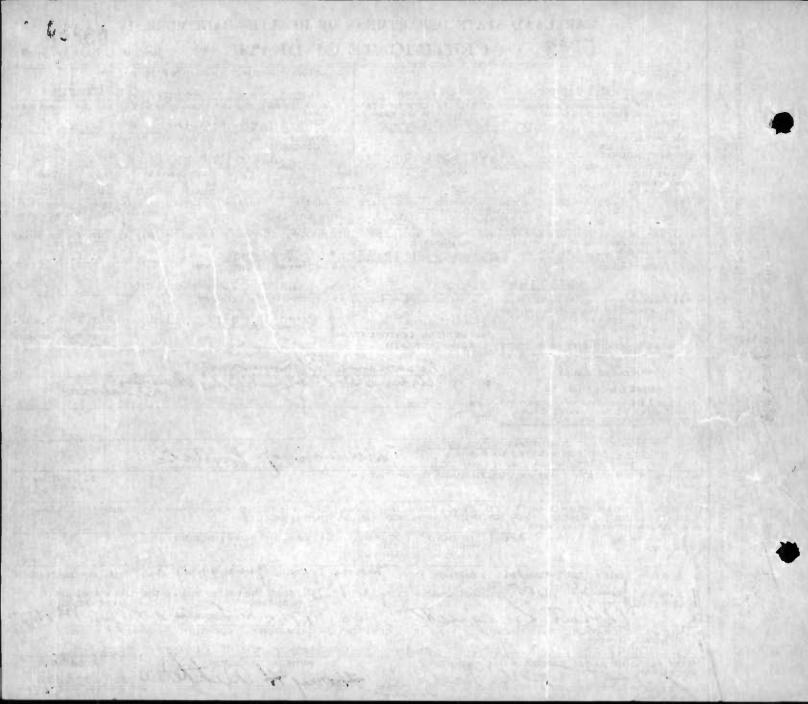
please write the causes of death clearly and legibly.

21A. ACC OR CONT (IF EITHEI

| MARYLAND STATE DEPARTMEN | T OF HEALTH—BALTIMORE, 18 |
|--|---|
| 5343 CERTIFICATI | สมาคา เมื่อสามาคา เมื่อสามาคา เมื่อสามาคา เมื่อสามาคา เมื่อสามาคา เมื่อสามาคา เมื่อสามาคา เมื่อสามาคา เมื่อสามาคา |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN Catonsville 3 vrs | STATE Md. COUNTY Baltimore CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Catomsville 52 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 6139 Regent Park Rd. | STREET (If rural give location) ADDRESS 6139 Regent Park Rd. |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) William E. Hol 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE | (Last) 4. DATE (Month) (Day) (Year) |
| M. RACE: WIDOWED DIVORCED. Mar. 2 | 3,1889 66 yrs. Months Days Hours Min. |
| ox. USUAL OCCUPATION (Give kind of work done during most of working life. even if retiretione Cutter National Distill 13. FATHER'S NAME: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? CTS. England U.S.A. |
| William Holmes | Harriett Wakeling |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: |
| (Yes, no, or unk.) (If Yes, give war or dates of service) 216-01-4285 | irs Cora E. Holmes, 6139 Regent Pk, Rd. |
| 18. MEDICAL CERTIFICAT | WILLIAM BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1 A COMPAN IMMEDIATE CAUSE (A) COMPAN DUE TO CARTERIO | Thrombonis Cardio Mosales |
| ANTEGEDENT CAGGE (6) | Diserse |
| GIVING RISE TO THE ABOVE CAUSE DUE TO | |
| TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Tulu | culting of Prestate |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | |
| 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, fact OF INJURY street, office bldg., | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? |
| SIGNATURE SILL THE | 7. aM, from the causes and on the date stated above. ADDRESS DATE SIGNED 1729 W London 17 July 15 1955 |
| 23. BURIAL, CREMATION, DATE THEREON NAME OF CEMETI | rk Cemetery Baltimore Maryland. 24. FUNERAL DIRECTOR ADDRESS |

Edmondson

AVE



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05.344 CERTIFICATE OF DEATH Reg. Dist. No.

| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | |
|--|---|--|--|
| COUNTY Balto MARYLAND | STATE Ma. COUNTY | | |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL and give nearest town) | | |
| OR and give nearest town) (in this place) | TOWN Baltimore 30014 | | |
| HOSPITAL OR Armacost Nursing Home | STREET (If rural give location) | | |
| 70 STREET ADDRESS Regester Ave. | 2201 St. Paul St. | | |
| And the second s | | | |
| DECEASED: | OF | | |
| | OF BIRTH: DEATH: June 15 19 55 | | |
| RACE: WIDOWED, DIVORCED, | Months Dava Hours Min | | |
| female white (Specify): single June | 8, 1870 85 yrs. | | |
| OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired): never worked | ii. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | |
| Thomas A. Hulme | Hanna E. Campbell | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | | |
| (Yes, no or unk.) (If Yes, give war or dates of service) | Mr. J. C. H. deShields-2201 St. Paul St. | | |
| 18. MEDICAL CERTIFICAT | ION INTERVAL BETWEEN | | |
| 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND CEATH | | |
| 4+3 Km finte cause (A) Km final | un cordio rascular disease | | |
| ANTECEDENT CAUSE (5) DUE TO | | | |
| DISEASES OR CONDITIONS, IF ANY. (B) | un Cordeo Varialio deserso | | |
| STATING UNDERLYING CAUSE LAST. DUE TO | | | |
| , (C) | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | |
| DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | | |
| 0 | YES NO [] | | |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR? | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 2 IF. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from June | 15 1033 to Bull 16 1050 that I look on 11 | | |
| 14 112 101 | | | |
| alive on July 15 , 1953, and that death occurred at | | | |
| SIGNATURE | ADDRESS DATE SIGNED | | |
| | D. 1120 St. Vant St. 6/16/03 | | |
| REMOVAL (SPECIFY) | RY OR CREMATORY LOCATION (City, town, or county) State | | |
| | ount Cem. Baltimore, Md. | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR ADDRESS 11 | | |

STATE OF THE PROPERTY OF THE PARTY OF THE PA DECEMBER OF STREET STREET PALE IN THE RESIDENCE OF THE PARTY OF THE PA SAR MANAGER AND SEE JUNE DE MERCE THE PARTY OF THE LOSS OF THE PARTY OF THE PA COUNTY OF THE PARTY OF THE PART

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| П | tems 18621 Film | 103 TATES DEL ARTHU | VI OF HEALIN—BALL | IMORE, | , 10 | Heg. | 7410 |
|---|-----------------|---------------------|-------------------|--------|-------|------|------|
| | MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No. | 33 |

| MEDICAL PARMINER S CER | INICALE OF DEATH | No 3.3 |
|--|---|--------------------------|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY Baltimore MARYLAND | STATE Md. COUNTY Baltimore | |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Marriottsville | CITY (If outside corporate limits write RURAL and OR TOWN Marriottsville, Md. | give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Wards Chapel Road | STREET (If rural, give location) ADDRESS Wards Chapel Rd. | |
| 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day) | (Year) |
| (Type or Print) MILTON Charles HUMPL | E DEATH June 22. | 1955 |
| DAGE WINDHED DIVORGED | 25,1931 9. AGE last birthday: IF UNDER 1 YE Months Da | |
| 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired): Employed by plumber | | CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Walter Humple | Daisy Grimm | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of | 17. INFORMANT & ADDRESS: | |
| No service) 218-26-8154 | Daisy Humple, Marriottsville | e,Md. |
| | AL CERTIFICATION | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | 4 | ONSET AND DEATH |
| Immediate cause (a) Gunshot wound | l of head | |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, (b) | | |
| stating underlying cause last (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes 25 No [|
| 21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. | Marriottsville, Md. | (State) |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 6/22/55 1:25 am. work at work | Shot during altercation | |
| 22. I hereby certify that I took charge of the remains describ | | Inquiry [], and |
| find that death resulted from: Natural causes [], Accid | | |
| SIGNATURE PAG-isher | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | DATE SIGNED 6/22/55 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER | | |
| REMOVAL (Specify): June 24, 1955 Mt. Para | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| REG. 6-24-55 Mary B. 2 lue. | J.F. Eline & Sons, Reistersto | own, Md. |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

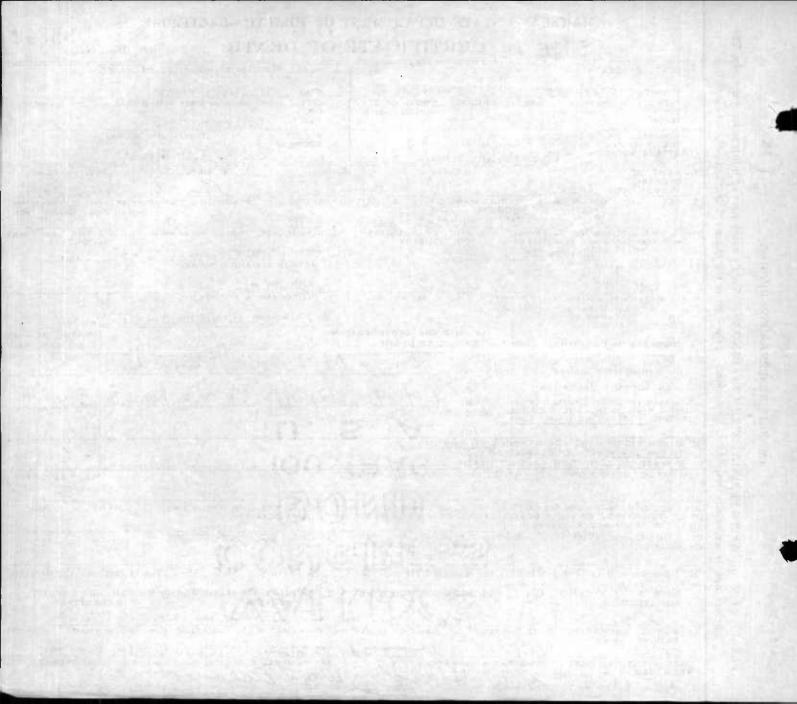
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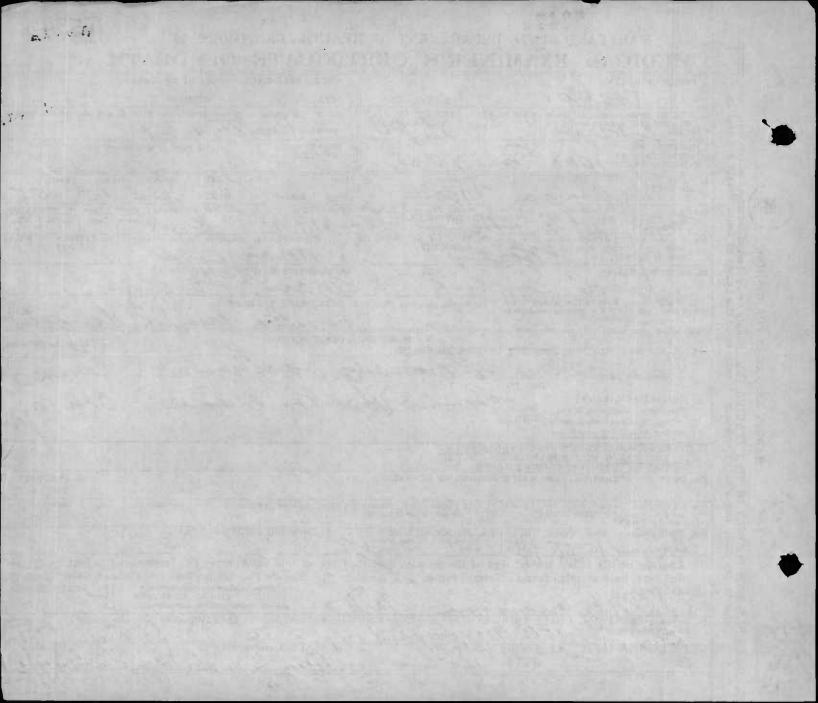
. a interdunatalation of animals. I.



5347 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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|-------------|-----|----|---|
| 115 Reg. | Dis | Ţ. | U |

| 11 | corre | MEDICAL EXAMINER'S CER' | TIFICATE | OF : | DEATH | No |
|----------|--------------------------------------|--|--|-----------------|----------------------|---------------------------|
| 1 | 9 | I. PLACE OF DEATH: | 2. USUAL RESIDENCE | (HOME) O | F DECEASED: | |
| P | Th ly. | COUNTY Hallo, MARYLAND | STATE | COUN | TY | |
| , | ly. | CITY (If partide corporate limits, write RURAL LENGTA OF STAY OR an give nearest town) | CITY (If omside corr | porate limits | write RURAL and | give nearest town) |
| | eful I le | TOWN USEY 20 100 | TOWN / Fall | 0 4 | 21 | 54 |
| | n carefully. | HOSPITAL OR UNSTITUTION OR 1008 Esses and | STREET ADDRESS | (If r | ural, give location) | / |
| - | matio | 3. NAME OF DECEASED: (Type or Print) (First) (Middle) Marie | (Last) 4 | OF DEATH | (Month) (Day | (Year) 5 19 5 5 |
| M | f information death clearly | 5. SEX 6. COLOR OB 7. SINGLE MARRIED, 8 DOTE WILDOWS ED, DEVORCED, FEED OF THE SPECIAL | 521/1873 | GE last big | Vrs. | ays Hours Min. |
| DNG | 000 | 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | 11. BIRTHPLACE (S | State or for | eign country): 12. | CITIZEN OF WHAT |
| BINDING | cau | 13. FATHER'S NAME: Segrest | Mary MAIDE | Ha | ellne | <u> </u> |
| FOR 1 | P+2 | 15. WAS DECEASED EVER IN U.S. ARMED FOXCES? (Yes, no, or unk.) (If Yes, give war or dayes of service) | 17. WORMANT & ADDI | Frie | del (de | aughter) |
| | Supply | 18. MEDICA L. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | AL CERTIFICATION | | | INTERVAL BETWEEN |
| RESERVED | INK. | 420,1 Janonas | n sach | car | 2 ~ | ONSET AND DEATH |
| ESE | | Immediate cause DUE TO | | / _ | Ω | - There |
| | OIN ans: | Antecedent cause(s) Diseases or conditions, if any, DIFFERENCE OF | scalar th | a. | e 0 | 10 10 m |
| G | FAI | giving rise to the above cause DUE TO stating underlying cause last | | | | Je. |
| MARGIN | UNFADING Physicians: | IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | |
| | TH. | DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | | | 20. AUTOPSY? |
| | WI | | | | | Yes No |
| 1 | ILY, imp | 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc., INJURY | | | (County) | (State) |
| 1 | PLAINLY, WITH pecially important. | 21d. TIME (Nohth) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work work work | 21f. HOW DID INJU | | | |
| | E Pespe | 22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes Accident | ped above, held an A | utopsy Homicia | , Inspection [| , Inquiry \square , and |
| | WRITE ge is es | SIGNATURE | CHIEF-W | EDICATE | EXAMINER A | DATE SIGNED |
| 23 | WJ | (INAlearme M. | M. D. ASSISTAN | T MEDICA | II EKAM. | (84-4) |
| 20 | ASE | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 12-1457 Red Rede | enver Center | 13 | City, town, or co | d |
| 115A | PLEASE | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. YUMERAL DIRECT | TOR | 1407 8 | ADDRESS |
| 4 | 144 | 10 11/1 1-00 | The state of the s | aparento A | | - Alterial. |



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

VS.

05344 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| CERTIFICATI | E OF DEATH Reg. Dist | . No. 20 |
|--|--|------------------------------------|
| 1. PLACE OF DEATH: Spring Grove State Hospital county Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Balt | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) 16 days | | and give nearest town) |
| HOSPITAL OR INSTITUTION OR Spring Grove State Hosp. | STREET (If rural give location) ADDRESS Woodstock College | |
| DECEASED: John Ke | eenan of DEATH: | Day) (Year) 23 19 ⁵⁵ |
| M RACE: W WIDOWED, DIVORCED, (Specify): Single 7-6- | | Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): QISHWASHET | 11. BIRTHPLACE (State or foreign country): 12. Washington | COUNTRY? |
| 13. father's name: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown | |
| 15. WAR DECEASED EVER IN U.S. ARMEO FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) Inknown | 17. INFORMANT & ADDRESS: Records Spring Grove Stat | - U |
| 18. MEDICAL CERTIFICAT | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH H 2 2. IMMEDIATE CAUSE (A) | 1 pneumonia | ONSET AND DEATH |
| ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. (B) Cardiop | oulmonic thrombosis | 2 days |
| GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. Arterio | osclerotic cardiovascular | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | disease | Years |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., | ctory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR? | ty) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | D 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 6-6- | , 19.55 to6-23-, 1955, that I last | saw the deceased |
| alive on 6-22- 1955, and that death occurred at SIGNATURE | | TE SIGNED |
| 23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETIRE MOVAL (SPECIFY) 6-25-55 St. All | khoneus Woodstoe | county) (State |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR -24-55- DW January | 6 aston Sous Caton | ADDRESS |

BECENNED

BUREAU V. S.

JUN 27 1955

MARYLAND STATE DEPARTMENT OF HEALTH

5349

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

| Day | Diet | No |
|------|-------|-----|
| nek. | DIST. | 130 |

| e e | | ρ. 'Δ |
|---|---|--|
| F | 1. PLACE OF DEATH- COUNTY MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY |
| S'S | | CITY (If outside corporate limits, write RURAL and give nearest town) |
| Supply every item of information carefully- write the causes of death clearly and legibly. | CITY (If outside corporate limits, write RURAL and CR give nearest town) (in this place) | OR TOWN Kingsville X |
| leg | HOSPITAL OR | STREET (If rural, give location) |
| nd | ON STREET ADDRESS Mt. Vista Rd | ADDRESS Mt. Vista Rd. |
| z y | 3. NAME OF (First) (Middle) | (Last) 4. DATE (Mooth) (Day) (Year) |
| arl | (Type of Print) Clice V. Kill n | rond DEATH VIEWE 2/97 1953 |
| cle | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | 8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. |
| thi | Temale White WIDOWED DIVORCED, (Specify) | 4/5/1879 76 yrs. Mooths Days Hours Min. |
| of | 10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| E | done during most of working life, even if retired) INDUSTRY ON Brown | Balto, Md. COUNTRY? |
| es it | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| us us | vohn W. Killmond | Laura V. (Unknown) |
| S S | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or uokoowo) (If yes, give war or dates of | 17. INFORMANT |
| th | lservice) | Vilfred W. Killmond Kingsville Hld. |
| pp st | 18. MEDICAL CE | RTIFICATION INTERVAL BETWEEN |
| Su | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONBET AND DEATH |
| . 9 | 420.1 American | Ntoretion 53/4/10 |
| INK. please | Immediate cause | 7-400 |
| | Antecedent cause(s) | Deel mic 21/2 the |
| Su | Diseases or conditions, if any, (b) | 1,000 |
| IFADING Physicians: | stating the underlying cause last | VE (ardiovascular Dis 7 |
| AI | (e) (/) | |
| FR | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | |
| 5 : | related to the disease or condition causing death. | |
| , WITH UNFADING | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| To | | Yes No 🗹 |
| N d | 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. | (CITY OR TOWN) (COUNTY) (STATE) |
| × | PRIMARY G or CONTRIBUTING D OF office bidg., etc.) CAUSE OF DEATH. | |
| - E | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while | HOW DID INJURY OCCUR? |
| AII) | INJURY m. work at work | |
| WRITE PLAINLY is especially | 22. I certify that I took charge of the remains described above, held an A | Autopsy , Inspection , Inquiry thereon and from the evidence |
| 2.2 | obtained by said Autopsy. Inspection or Inquiry, find that said dece | ased died on the day stated above, and death in my opinion resulted |
| T | Sicon Talues (Degree or title) | undetermined DATE SIGNED |
| RI | SIG: ATURE (Degree or title) | ADDRESS DATE SIGNED |
| | (Syford) / greason me | F TOUR 16/21/58 |
| 3 | 23. BURIAL OREMATION DATE THEREOF NAME OF CEMETE | RY OR CREMATORY (LOCATION (City, town, or county) (State) |
| Y | Burnal 6/24/55 Loude | ry Par. K. Balto, Md. |
| PLEASE | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
| ٩ | REG. 6-22-35 0. 12 6/20/10 | VI Cook Juc, 1217 St. Paul St. |
| | | |

Ry

MARGIN RESERVED FOR BINDING

The correct age

S. A15A

Wan Cook Juc. S. Proston Et. Ballo, 2 Med.

OR WRITE PLAINLY,

TYPE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05346

5350 CERTIFICATE OF DEATH

| | | XI |
|------|-------|-----|
| Reg. | Dist. | No. |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | | |
|---|--|--|--|--|
| COUNTY RALTIMORE MARYLAND | STATE MARYLAND COUNTY | | | |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL and give nearest town) | | | |
| OR and give nearest town) (in this place) Y TOWN FORT HOWARD 111 DAYS | TOWN BALTIMORE 3701-4 | | | |
| HOSPITAL OR | STREET (If rural give location) | | | |
| 50STREET ADDRESS ETERANS ADMINISTRATION HOSPIT | AL ADDRESS 524 SOUTH BOND STREET | | | |
| 222422 | (Last) 4. DATE (Month) (Day) (Year) | | | |
| (Type or Print) | THAWDAL DEATH: JUNE 4, 1955 | | | |
| 5. SEX: MALE 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED 1-18 | 9. AGE last birthday IF UNDER 1 YEAR Hours Min. | | | |
| 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? | | | |
| even if retired): Croceryman Own | Poland U.S.A. | | | |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | | |
| MICHAEL KIMAWSKI | CATHERINE KIMASWSKE | | | |
| 15, WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | | | |
| (Yes, no. or unk.) (If Yes, give war or dates of service) WW 1 | Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md. | | | |
| 18. MEDICAL CERTIFICAT | INTERVAL BETWEEN ONSET AND DEATH | | | |
| IMMEDIATE CAUSE (A) CARCINO | MA OF LARYNX 12 Years | | | |
| DUE TO | THE OF THE PARTY AND ADDRESS OF THE PARTY AND | | | |
| ANTECEDENT CAUSE (S) | | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | 1 | | | |
| (C) | | | | |
| IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | The state of the s | | | |
| DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | | | |
| 21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., | tory. 21C. WHERE DID (City or town) (County) (State) | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Feb. 10, 1955, to June. 4, 1955, *********************************** | | | | |
| xatice no xxxxxxxxx and that death occurred at | 4:15 PM, from the causes and on the date stated above. ADDRESS DATE SIGNED | | | |
| | .D. VAH, Fort Howard, Md. 6/5/55 | | | |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI | ERY OR CREMATORY LOCATION (City, town, or county) (State) | | | |
| BURIAL June 8,1955 BALTIMORE NA | | | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR BY LOCAL REGISTRAR BY LOCAL REGISTRAR'S SIGNATURE | | | | |

worce

THE PERSON OF TH

05347 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 5351

| OUUL | Reg. Dist. 10 | | | |
|---|--|--------------------------|--|--|
| 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: | | | | |
| COUNTY BALTIMORE MARYLAND | STATE MARYLAND COUNT | | | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) | OR | give nearest town) | | |
| HOSPITAL OR | TOWN TOWSON | 55 | | |
| 90 STREET ADDRESS ANNACOST NURSING HOME | STREET (If rural give location) ADDRESS MARYLAND AVE | 1 | | |
| 3. NAME OF DECEASED: (First) (Middle) (Middle) (Type or Print) BERTHA ELIZABETH KI | (Last) 4. DATE (Month) (Day) 0F DEATH: //// // // | 19 55 | | |
| 5. SEX: COLOR OR RACE: WIDOWED, DIVORCED, (Specify): Sex: Sex: | 27, 1879 9. AGE last birthday: If UNDER 1 YEA Months Day | B Hours Min. | | |
| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NET. NIRSE GENERAL NURSA | CO | TIZEN OF WHAT DUNTRY? | | |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | | |
| EDWARD KING | MARY EVANS | | | |
| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 (Yes, no, or unk.) (If Yes, give war or dates of service) | 7. INFORMANT & ADDRESS: 5 MARYLAND ESSIEL. KING- TOWSON, M.D. | AVE. | | |
| 18. MEDICAL CERTIFICAT | | Interval Between | | |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | Onset And Death | | |
| Immediate cause (a) Branchs | Freumonia | 4 bays | | |
| DUE TO | | O | | |
| Antecedent causes (s) Diseases or conditions, if any, (b) | | | | |
| glving rise to the above cause stating the underlying cause last. DUE TO | 101 | | | |
| (c) Deabetes me | leter generaled anewooderage | 2 | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY ? | | |
| | CONTRACT (CONTRACT) | Yes No | | |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) (ST | ATE) | | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work □ At Work □ | HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from alug | ,1953, to Many 19 , that I last s | aw the deceased | | |
| alive on | 12:30 PM from the causes and on the date st | tated above. | | |
| 23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE | ERY OR CREMATORY LOCATION (City, town, of cour | 13 (955 nty) (State) | | |
| BURNOYAL (Specify) JUN. 14,1955 FRIEND'S BUI | | P. | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR LIME. 14, 1955 Maya C. Tray | John Burne Sone, Jours | n Just | | |
| | | | | |

VS. A15

PLEASE WRITE PLAINLY, WITH

DECENTED

SGET ST NOT

BUREAU V. S.

10 1 2 1 14

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAKLY, WITH UNFADING INK.

The

Supply every item of information carefully.

115348 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5352

CERTIFICATE OF DEATH

| | | - | - | - | |
|------|-------|-----|---|---|--|
| Reg. | Dist. | No. | 3 | 0 | |

| | d of Builtin Reg. Dist. | 110 | | | |
|---|--|----------------------------------|--|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |): | | | |
| Spring Grove State Hospital | STATE Maryland COUNTY Balto | more Co. | | | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY(If outside corporate limits, write RURAL as | | | | |
| OR and give nearest town) 52TOWN Catons ville 13 days | TOWN Baltimore | 03×1 | | | |
| HOSPITAL OR INSTITUTION OR Spring Grove State Hosp. | STREET (If rural give location) ADDRESS Unknown | | | | |
| | | Day) (Year) | | | |
| DECEASED: Reginald Nathaniel Kn | ott OF DEATH: 6 2 | 0 1955 | | | |
| Male RACE: W WIDOWED, DIVORCED. White (Specify): Single 12-5 | 5-1902 9. AGE last birthday IF UNDER 1 V Months Di | ays Hours Min. | | | |
| OR INDUSTRY: even if retired): Miscellaneous | 11. BIRTHPLACE (State or foreign country): 12. Mar land | COUNTRY? | | | |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | | | |
| Unknown | Unknown | | | | |
| (Yes, no, or unk.) (If Yes, give war or dates Unknown | 17. INFORMANT & ADDRESS: | L TT | | | |
| Unknown 18. MEDICAL CERTIFICAT | Record Spring Grove Sta | | | | |
| DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| COIL | | DEATH | | | |
| | irrhosis of liver | Years | | | |
| ANTECEDENT CAUSE (S) | | TO THE REAL PROPERTY. | | | |
| DISEASES OR CONDITIONS, IF ANY. (B) Chronic al | lcoholism | Years | | | |
| STATING UNDERLYING CAUSE LAST. | | EN PETER NEW YORK | | | |
| (c) | | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | | |
| DISEASE OR CONDITION CAUSING DEATH. | | | | | |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | V | 20. AUTOPSY? | | | |
| | | YES NO NO | | | |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | etc. INJURY OCCUR? | y) (State) | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from 6-7, 1955, to 6-20-, 1955, that I last saw the deceased | | | | | |
| alive on .6-20-55, 19, and that death occurred at 6 A.M. from the causes and on the date stated above. Signature Spring rove tate Hospital 6-20-5. | | | | | |
| | ERY OR CREMATORY OCATION (City, yown, or | | | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | APPESS /-// | | | |
| REGISTRAR 7, 1955 & W faumann | 1120 Trancer A Klein | El Brojago | | | |

OECEINED.

BUREAU V. S.

05349

5353

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

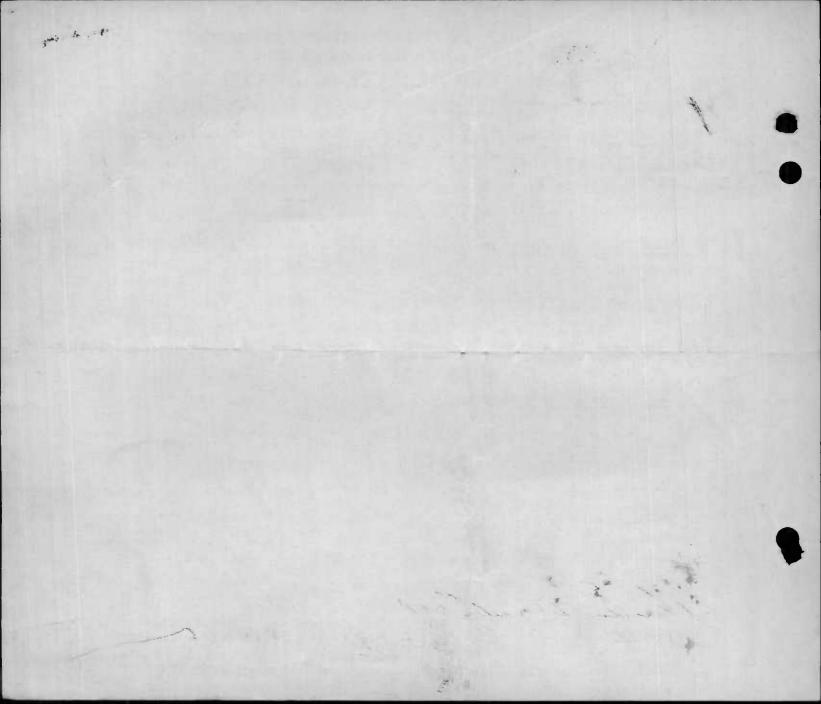
| | Leg. Dist. No | • |
|--|--|--|
| 1. PLACE OF DEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED. | |
| COUNTY Baltimore MARYLAND | STATE LUA COUNTY | Ballemore |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and giv | e nearest town) |
| X TOWN Natch Prift Towson (in this place) | TOWN Notal Cliff wear Towson | и X |
| HOSPITAL OR | STREET (If rural, give location) | 1 |
| HOSPITAL OR HINSTITUTION OR STREET ADDRESS Villa Maria Glengrm Rd | ADDRESS & Genary Rd. | |
| 3. NAME OF (First) (Middle) DECEASED | (List) 4. DAIR (MOREE) | (Day) (Year) |
| (Type or Print) Sister Mary Liella Strada Knut | th DEATH June | 25 1955 |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | 8. DATE OF BIRTH 9. AGE last birthday If under Months | year If under 24 hrs. Days Hours Min. |
| Temple White (Specify) Single 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12 | CITIZEN OF WHAT |
| done during most of working iffe, even if retired) To a chef INDUSTRY REL 1610 U.S | | COUNTRY? |
| 13. FATHER'S NAME | 1 Pochester N. V. | U.S.A. |
| T. P. 11 4P. | Johanna Founderer | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS | |
| (Yes, no, or unknown) (If yes, give war or dates of service) | Sr. Mary Clara Notet Cliff | HJ |
| 18. MEDICAL CEI | PTIEICATION | 110 |
| | RIFICATION | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| 420, Commony Thron | uhai. | Sudden |
| Immediate cause (a) (or ou ary / wron | | - Comment |
| Immediate cause (a) Coron ary Thron Antecedent cause(s) Diseases or conditions, if any. (b) Certerio scleros | | 14 |
| Diseases or conditions, if any, (b) eriemo sciences giving rise to the above cause | | 10 gis |
| stating the underlying cause last | | |
| (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, | (CITY OR TOWN) (COUNTY) | (STATE) |
| SUICIDE OF office bldg., etc.) HOMICIDE INJURY | (oral on lown) (oboxili) | (SIAIL) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF While at Not While _ | | |
| INJURY m. Work At work | | |
| 22. I hereby certify that I attended the deceased from May 3 | 1953, to June 25, 1955, that I last ar | w the deceased |
| | | |
| alive on June 21, 1955 , and that death occurred at 5. | .45 | |
| SIGNAPORE (Degree or title) | ADDRESS | DATE SIGNED |
| Mark To Donald Min | 7501 YORK RO. Towson | U.M.D. 145/ |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER | RY OR CREMATORY LOCATION (City, town, or count | y) (State) |
| BEMOKI (Spelly) 6-27-55. VILLA MI | | IR TOWISHE |
| DATE REC'D BY LOCAL REGISTRARY SIGNATURE | 24 FUNERAL DIRECTOR . GOLS COA. | ADDRESS |

VS. A15

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

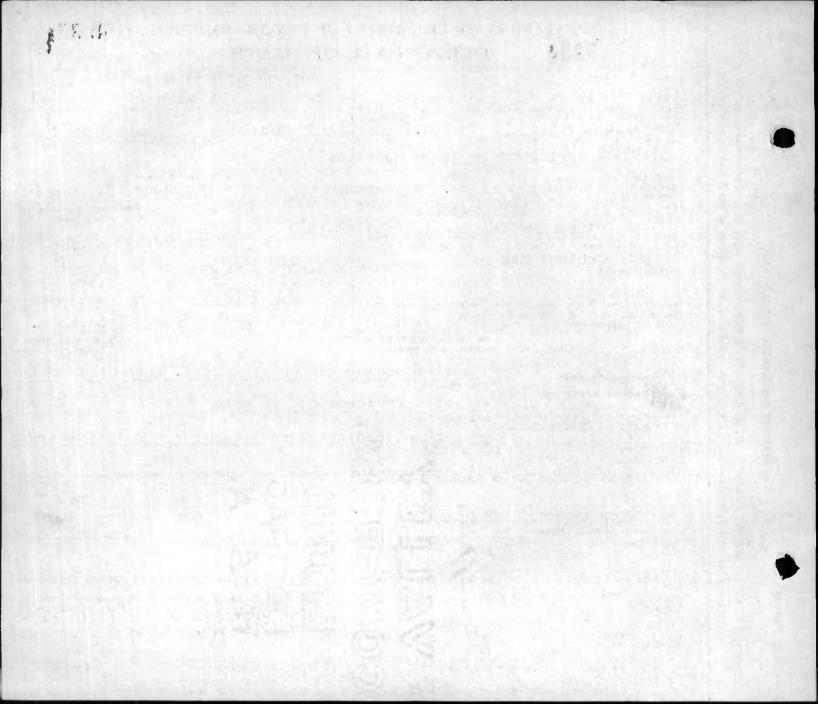
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05.35 (1975) SECRETIFICATE OF DEATH Reg. Dist. No. 24

| 0003 | CENTIFICATI | OF DEATH | Reg. Dist. No. | | | |
|--|---|-----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HOME) | OF DECEASED: | | | |
| COUNTY Baltimore | MARYLAND | STATE Marvland co | Anne Arundel | | | |
| CITY (If outside corporate limits, write R | URAL LENGTH OF STAY | CITY(If outside corporate limits, | write RURAL and give nearest town) | | | |
| 5210WN Catonsville | (in this place) lmo.7days | TOWN Hyaton | 02x 2 | | | |
| HOSPITAL OR | 0 | STREET (If rur | al give location) | | | |
| 14 INSTITUTION OR Spring Grov | | · | | | | |
| 3. NAME OF (First) DECEASED: August | (Middle) E. Kra | (Last) 4. DATE OF | | | | |
| (Type or Print) | | DEATH | June 13, 19 55 | | | |
| 5. SEX: 6. COLOR OR 7. SINGLE, WIDOWE (Specify) | D. DIVORCED. | OF BIRTH: 9. AGE last birth | Months Days Hours Min. | | | |
| White | Married /- | | yrs. | | | |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life. | OP INDUSTRY. | 11. BIRTHPLACE (State or foreign | country): 12. CITIZEN OF WHAT COUNTRY? | | | |
| even if retired): Cabinet Maker | | Germany | USA ? | | | |
| 13. FATHER'S NAME: | | 14. MOTHER'S MAIDEN NAME: | . 0011 | | | |
| Unknown | | Unknown | | | | |
| IS. WAS DECEASED EVER IN U.S. ARMED FORCEST | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | | | | |
| (Yes, no, or unk.) (If Yes, give war or dates Unknow of service) | Unknown | Records Spring Gr | rove State Hosp. | | | |
| | 8. MEDICAL CERTIFICA | TION | INTERVAL BETWEEN | | | |
| T DISEASES OR CONDITIONS DIRECTLY | LEADING TO DEATH | | ONSET AND DEATH | | | |
| 400,1 | Arterioscle | rotic gangrene, rt | . foot 1 month | | | |
| IMMEDIATE CAUSE | OUE TO | 0 0 | | | | |
| ANTECEDENT CAUSE (8) | Arterioscle | rotic cardiovascul | ar disease Years | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE | OUE TO | | ar arboard roars | | | |
| STATING UNDERLYING CAUSE LAST. | co General ized | arteriosclerosis | Years | | | |
| II OTHER SIGNIFICANT CONDITIONS CO | | arterioscierosis | | | | |
| TO THE DEATH BUT NOT RELATED TO | | | | | | |
| DISEASE OR CONDITION CAUSING DI | FINDINGS OF OPERATIO | N | | | | |
| 2 | except of Landing | | YES NO | | | |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State) | | | | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while | | | | | | |
| OF INJURY M. at work At work | | | | | | |
| 22. I hereby certify that I attended th | e deceased from 5-6- | . 1955 to 6-13 19 | Sthat I last saw the deceased | | | |
| 22. I hereby certify that I attended the deceased from 5-6, 1955 to 6-13, 1955 that I last saw the deceased alive on 6-13, 1955, and that death occurred at 1:45M, from the causes and on the date stated above. | | | | | | |
| SIGNATURE DATE SIGNED | | | | | | |
| Signature Spring Prove State Hospital 6-13-55 M. D. Catonsville 28. Maryland | | | | | | |
| 23. BURIAL, CREMATION, DATE THEREC | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City town, or county) (State) | | | | | |
| | 1955 Baltimore | | nore, Md. | | | |
| DATE REC'D BY LOCAL REGISTRAR'S | SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS | | | |



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

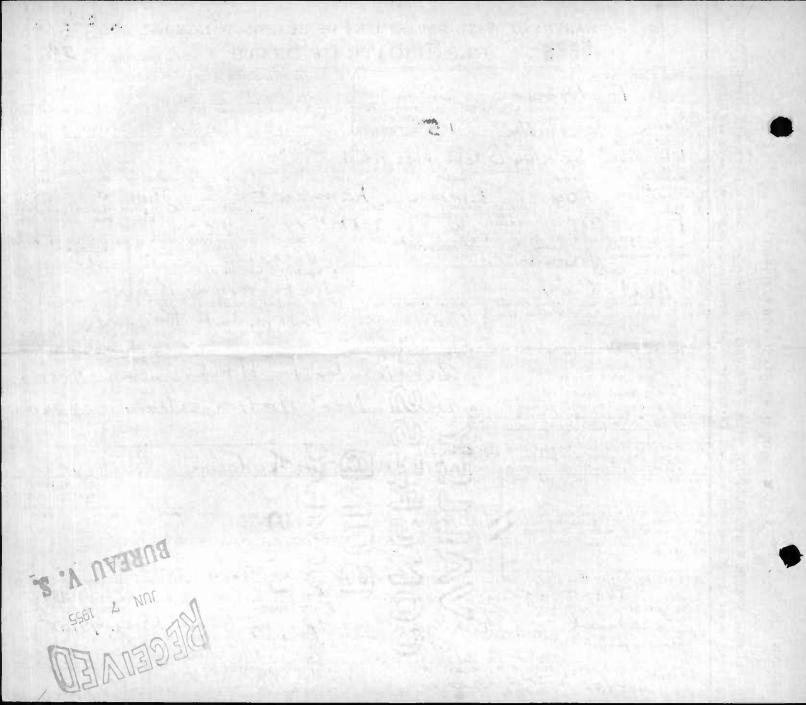
correct age is especially important. Physicians:

Supply every item of information carefully. The

please write the causes of death clearly and legibly.

VS. A15-10-53

| MARYLAND STATE DEPARTMEN | T OF HEALTH—BALTIMORE, 18 \$251 |
|---|---|
| maryland state departmen 5355 CERTIFICATI | E OF DEATH Reg. Dist. No. 30 |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY Baltimore MARYLAND | STATE MD COUNTY AA |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL and give nearest town) |
| 52 TOWN (9 to ne ville 132 Month | TOWN DILLIA SON UILLA DOX 2 |
| HOSPITAL OR | STREET (If rural give location) |
| 14 STREET ADDRESS SPRING GROVE Hospita | ADDRESS |
| 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) Lou Emma h | ampen DEATH: June 4 1955 |
| RACE: WIDOWED, DIVORCED. | 17-18 29 9. AGE last birthday Ir UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT |
| | Virginia COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Mat Cox | Katherina King |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates | 17. INFORMANT_A ADDRESS: |
| of service) UNANOWN. | Hospital Records |
| 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | MICHAUL BEIMEEN |
| 420.0 | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) UR PERIO SE | -lenotic 1st. Dispusa Veirs |
| ANTECEDENT CAUSE (S) | |
| DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) VAIR Q DUE TO | itel arteriosclenous years |
| (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH PROPERTY | Brain Jundrums Veers |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | |
| | YES NO |
| 21A. ACCIDENT WAS UNDERLYING \(\) 21B. PLACE (Home, farm, fact OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | etc. INJURY OCCUR? |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from | 26, 1955, to June 4, 19 50, that I last saw the deceased |
| alive on June 4, 19 58, and that death occurred at | |
| SIGNATURE | ADDRESS DATE SIGNED |
| | . o. Spring brane Hosp 6/4/55 |
| 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE | ERY OF CREMATORY LOCATION (City, town or county) (State) |
| Berne Jenne 7/53 My Jun | Lollin led |
| REGISTRAR 4/55 TE. Harres | Bened Harde ty Laboul and |
| | |



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 195352 5356 CEPTIFICATE OF DEADIT

| | Reg. Dist. No. |
|--|--|
| 1. PLACE OF OEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY BALTIMORE MARYLANO | STATE MARYLAND COUNTY |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STA | AY CITYIIf outside corporate limits, write RURAL and give nearest t |
| OR and give nearest town) (in this place) | OR 5 |
| FURT HOWARD 9/1 DAYS | TOWN BALTIMORE 3 VO / 4 |
| HOSPITAL OR INSTITUTION OR | STREET (If rural give location) ADORESS |
| 50 STREET AGORESS VETERANS ADMINISTRATION HOSPI | TTAL 800 E. BALTIMORE STREET |
| 3. NAME OF (First) (Middle) | (Last) 4. OATE (Month) (Day) (Year) |
| OECEASED: (Type or Print) JOHN T | OF COMMISSION |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIEO, 8. OAT | TE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 14 |
| RACE: WIOOWEO, OIVORCEO, (Specify): HTTPOWED | Months Days Hours |
| MALLE MULTE MIDDINGS OF | 30-88 67 yrs. |
| 10A. USUAL OCCUPATION (Give kind of 10B. KINO OF BUSINESS work done during most of working life. OR INOUSTRY: | II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W |
| work done during most of working life. even if retired): SHOWMAN | PROVITYN NEW YORK II C 4 |
| 13. FATHER'S NAME: | BROOKLYN, NEW YORK U.S. A. |
| | |
| PHILIP LANG | NANCY (UNKNOWN) |
| 18. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY ND. | 17. INFORMANT & AODRESS: |
| (Yes, no, or unk,) (If Yes, give war or dates | ATTIV TOTAL PROPERTY AND ADDRESS OF THE PARTY OF THE PART |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | CLIN.REC., VET. ADM. HOSP., FT. HOWARD, MD. |
| 18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ATION INTERVAL BETY |
| 163X | ONSET AND D |
| ARSCESSES | OF UPPER AND LOWER LOBES OF |
| THE CAUSE IN THE CAUSE | |
| ANTECEDENT CAUSE (S: SONOTE RIGHT LUNG | G 6 WREKS |
| DISEASES OR CONDITIONS, IF ANY. (B) | |
| STATING UNDERLYING CAUSE LAST. DUE TO | |
| (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| | |
| TO THE DEATH BUT NOT RELATED TO THE | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ABSENCE OF | MIDDLE LOBE RIGHT LUNG (CARCINOMA) |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ABSENCE OF 19A. OATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO | ION |
| to the death but not related to the disease or condition causing death. ABSENCE OF 19a. Oate of operation: 19b. major findings of operation Thoracotomy, right and right of lung. | ight middle lobectomy. Carcinoma 20. AUTOPS |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ABSENCE OF 19A. OATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION Thoracotomy, right and right | ight middle lobectomy. Carcinoma 20. AUTOPS |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING DEATH. ABSENCE OF 19A. OATE OF OPERATION: 5-12-55 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg (If EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE | ight middle lobectomy. Carcinoma 20. AUTOPS YES X NO (actory. 21c. WHERE OIO (City or town) (County) (State INJURY OCCUR? |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ABSENCE OF 19A. OATE OF OPERATION: 5-12-55 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing Cause of OEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While at work at work 21D. Not while at work 2 | ight middle lobectomy. Carcinoma 20. AUTOPS YES NO (actory. 21c. WHERE OIO (City or town) (County) (State EO 21F. HOW OID INJURY OCCUR? |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ABSENCE OF 19A. OATE OF OPERATION: 5-12-55 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing Cause of OEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While at work at work 21D. Not while at work 2 | ight middle lobectomy. Carcinoma 20. AUTOPS YES NO (actory. 21c. WHERE OIO (City or town) (County) (State EO 21F. HOW OID INJURY OCCUR? |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING DEATH. ABSENCE OF 19A. OATE OF OPERATION: 19B. MAJOR FINOINGS OF OPERATIOS. 1 | ight middle lobectomy. Carcinoma 20. AUTOPS (State INJURY OCCUR?) CHARLES (STATE OF THE OF THE OCCUR?) CH 28 1955, to JUNE 30, 1955, the diches care the occur. |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING DEATH. 19A. OATE OF OPERATION: 19B. MAJOR FINOINGS OF OPERATION 19B. MAJOR FINOINGS 19B. MAJOR FINOINGS 19B. PLACE (Home, farm, farm | ight middle lobectomy. Carcinoma 20. AUTOPS YES NO (actory. 21c. WHERE OIO (City or town) (County) (State EO 21F. HOW OID INJURY OCCUR? |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING DEATH. 19A. OATE OF OPERATION: 19B. MAJOR FINOINGS OF OPERATION 21B. PLACE (Home, farm, farm, farm) 19B. MAJOR FINOINGS OF OPERATION 21B. PLACE (Home, farm, far | ight middle lobectomy. Carcinoma 20. AUTOPS YES X NO Ractory. 21c. WHERE OIO (City or town) (County) (State INJURY OCCUR? CH 28 1955, to JUNE 30, 1955, that details are the class at 2:15AM, from the causes and on the date stated above. ADDRESS DATE SIGNED |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING DEATH. 19A. OATE OF OPERATION: 19B. MAJOR FINOINGS OF OPERATION: 21B. PLACE (Home, farm, farm, farm) 21B. PLACE (Home, farm, farm) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Not while (Month) (Not w | ight middle lobectomy. Carcinoma 20. AUTOPS YES X NO Ractory. 21c. WHERE OIO (City or town) (County) (State EO 21f. HOW OID INJURY OCCUR? CH 28 1955, to JUNE 30, 1955, that Khark was the class at 2:15AM, from the causes and on the date stated above. ADDRESS DATE SIGNED M. O. VAH, FORT HOWARD, MARYLAND 7-1-55 ETERY OR CREMATORY LOCATION (City, town, or county) (S |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING DEATH. 19A. OATE OF OPERATION: 5-12-55 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg (If Either, Notify Medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work 22. I hereby certify that attended the deceased from MARC SIGNATURE WILLIAM B. VANDEGRIFT M.D. 23. BURIAL, CREMATION, OATE THEREOF NAME OF CEME | ight middle lobectomy. Carcinoma 20. AUTOPS YES X NO Ractory. 21c. WHERE OIO (City or town) (County) (State EO 21f. HOW OID INJURY OCCUR? CH 28 1955, to JUNE 30, 1955, that Khark was the class at 2:15AM, from the causes and on the date stated above. ADDRESS DATE SIGNED M. O. VAH, FORT HOWARD, MARYLAND 7-1-55 ETERY OR CREMATORY LOCATION (City, town, or county) (S |

BALTIMORE, MD

Wester, or Discount (1) as intraced for the members of the party and the second contract of the contract of th TALLER OF THE RESIDENCE The contract of the party of the contract of t a survey of the survey of the

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MARYLAND STATE DEPARTMENT OF HEALTH

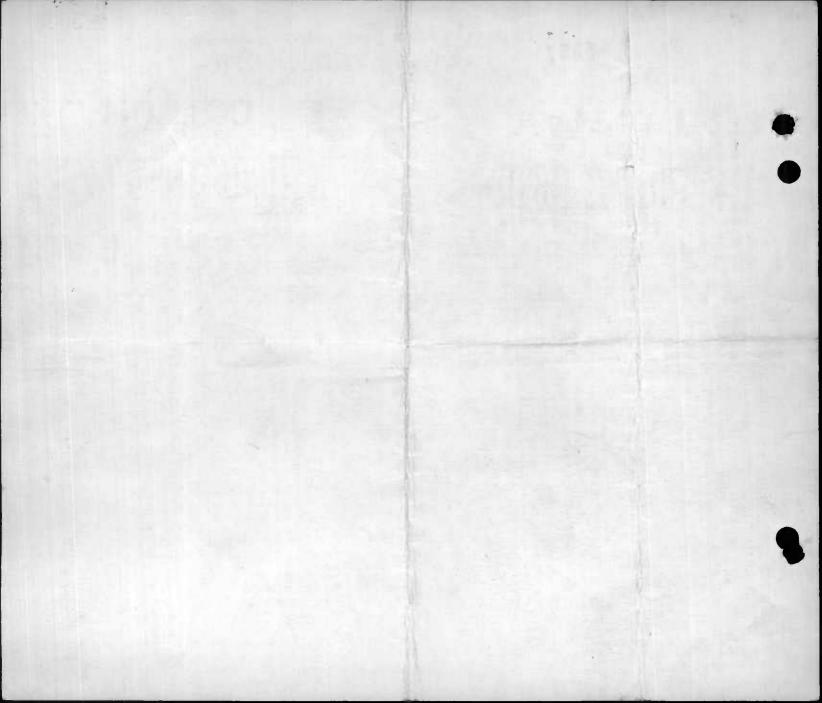
CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

| FOR MEDICAL | L DAAWIINDIG Reg. Dist. No | • |
|--|--|---|
| 1. PLACE OF DEATH. COUNTY Sacture MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY | Davin. |
| CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (in this place) | CITY (If outside corporate limits, write RURAL and giv OR TOWN Bullings (19) | e nearest towo) |
| HOSPITAL OR () INSTITUTION OR BOTH. Steel DIS pers my | STREET ADDRESS 901 2 (If rural tipe location) | |
| 3. NAME OF (First) (Middle) DECEASED (Type or Print) | (Last) 4. DATE (Mooth) OF DEATH JULL | (Day) (Year) 3 19\J |
| Sex Color or RAPE 7. SINGLE, MARRIED. WIDOWED DIVORCED Specify (Specify University) | Jest 107/1 59 yrs. | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY | | COUNTRY? |
| 13. RATHER'S NAME | Martha Hilkon | |
| 16. WAS DEFRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (19. give war or dates of leaves of the security No.) | 17. INFORMANT AND ADDRESS 618 9 S | 1. |
| 18. MEDICAL CE | RTIFICATION | 1- |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 24X Immediate cause (a) Lue tis Candis | - VASELLAR- DISEASE WITE S | INTERVAL BETWEEN ONSET AND DEATE |
| Antecedent cause(s) Diseases or conditions, iI any, giving rise to the above cause stating the underlying cause last | | .? — |
| (w) Luetic Neuro | 5466143 | The second second |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | 17 | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | Yes No |
| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg. etc.) CAUSE OF DEATH. | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work | HOW DID INJURY OCCUR? | |
| 22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said decorprom: natural causes accident , suicide , homicide , signature (Degree or title) | eased died on the dry stated above, and death in my | from the evidence opinion resulted DATE SIGNED |
| Maron mr. Den had So | rum. Dundang. 22-Md. | 73/55 |
| -REMOVAL (Specify) Jame 7/55 Bally. 7 | CRY OR CREMATORY LOCATION (City, town, or country) | med |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG CONTROL REGISTRAR'S SIGNATURE | Mus. Folt. G. Eller o Dan | ADDRESS |
| 1) mr | - Mon Carling | |

MARGIN RESERVED FOR BINDING

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The correct



| - 100 | 3 | Short | |
|-------|----|-------|----|
| - | ~ | 5 | 6 |
| U | 33 | . 1 | 73 |

| | Ē, | 5359 CERTIFICATI | E OF DEATH Reg. Dist. | No. 30 |
|-----------------------------|----------------------------|--|--|-----------------------|
| | y. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |), |
| | carefully legibly. | Balto. | Md. Balto | |
| 11 | car | COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | STATE COUNTY | |
| X | - | 5) TOWN and kive chearest town less than the control of the place) | OTY (If outside corporate limits, write RURAL a OR Catonsville | nd give nearest town) |
| | information clearly and | HOSPITAL OR INSTITUTION OR 638 Aldershot Rd. | STREET (If rural give location) ADDRESS 638 Aldershot Rd. | 1 |
| M | em of inf death cl | 3. NAME OF (First) (Middle) DECEASED: (Type or Print) DELLA FRANCES LEA | OF | Ony) (Yesr) |
| | dead | | OF BIRTH: 9. AGE last birthday 1 F UNDER 1 Y | 24 19 55 |
| | of of | RACE: WIDOWED DIVORCED. | The same of the sa | ays Hours Min. |
| 51 | causes | 10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife at home | Maryland (State or foreign country): 12. | CITIZEN OF WHAT |
| 1 | e c | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| INI | Supply te the c | William Cramblitt | Adeline Sweitzer | |
| ~ | . 1 | IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| FOF | INK se w | (Yes, no, or unk.) (If Yes, give war or dates of service) | Mr. Charles J. Leake-638 Alder | shot Rd. |
| Q | | 18. MEDICAL CERTIFICAT | rion | INTERVAL BETWEEN |
| Æ | NI pl | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| ER | UNFADING | IMMEDIATE CAUSE (A) Corona | any Occhrocer | 2 yrs. |
| 88 | Cia | ANTECEDENT CAUSE (5) | | |
| MARGIN RESERVED FOR BINDING | 0,1 | DISEASES OR CONDITIONS, 1F ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO | | |
| 5 | H | STATING UNDERLYING CAUSE LAST. | | |
| AF | r, W tant. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| X | rtz | TO THE DEATH BUT NOT RELATED TO THE | | |
| | AINLY | DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO | N. | |
| | | O STERNINGS OF OFERALIS | | 20. AUTOPSY? |
| 1) | | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | tory. 21c. WHERE DID (City or town) (Count; etc. INJURY OCCUR? | y) (State) |
| 5 | WRITE is especia | OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work | D 21F. HOW DID INJURY OCCUR? | |
| | ge i | 22. I hereby certify that I attended the deceased from here | 24, 1955, to June 24, 1955, that I last | saw the deceased |
| 53 | E B | alive on 24 , 1953, and that death occurred at | 500 AM. from the causes and on the date s | stated above. |
| 0 | E TY orrect | SIGNATURE P. // | ADDRESS | E SIGNED |
| 1 | 00 0 | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET | ERY OR CREMATORY LOCATION (City, town, of | county) (State) |
| AI | EA | Burial 6/27/55 Loudon P | Park Cem. Baltimore, Md. | 1110 |
| VS. | PI | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRARY | FUNERAL DIRECTOR SOM | - Rally 17 |
| | | The state of the s | | A |

encode services in a list of the larger . met emiliance la contraction 13.

19a.

June 10, 1955

VS A15C 1-55 10M 23.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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| CERI | IFICATI | OF DEA | Reg. | Dist. No. 36 |
|--|--------------------------|----------------------------------|-------------------------------|---------------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENC | E (HOME) OF DEC | EASED . |
| COUNTY BALTIMORE | MARWI AND | STATE MARYLA | AND COUNTY A | NNE ARUNDEL |
| CITY (If outside corporete limits, write RURAL | MARYLAND LENGTH OF STAY | | e limits, write RURAL end | |
| OR and give nearest town) TOWN | 7 (in this place) DAYS | OR TOWN /_/N/T | HICUM. | 02x.2 |
| HOSPITAL OR | 1 41/10 20.70 | STREET | (If rurel give lo | Cetion) |
| POSTREET ADDRESS HOME IN THE | PINES | ADDRESS 43V1 | LING WOO. | DROAD V |
| 3. NAME OF (First) (N DECEASED (Type or Print) ANNE ELIZ | iddle) ABETH | LEGGETTA | 4. DATE (Month) OF DEATH Ju | (Dey) (Yeer) |
| S. SEX 6. COLOR OR 7. SINGLE, MARRIED |), 8. DATE C | OF BIRTH 9. | AGE lest birthdey IF | UNDER 1 YEAR IF UNDER 24 HRS. |
| FEMALE WHITE Specify WIT | NAP MOD | 17, 1874 | 8 yrs. | onths Deys Hours Min. |
| 10e, USUAL OCCUPATION (Give kind of work dona during most of working life, even if OR II | OF BUSINESS NDUSTRY | 11. BIRTHPLACE (State or foreign | country) | 12. CITIZEN OF WHAT |
| retiration SENORD (RETO) PW | NHOME | WINDSOR, 1 | Y. C. | U.S.A. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | ME | |
| DOCTON WILLIAMS | | SARAH 1: D | AZENORE | RI |
| | SOCIAL SECURITY NO. | 17. INFORMANT & ADI | ORESS | 1437 NING YEO |
| (Yas, nd, or unk.) (If Yes, give wer or datas of service) | NONF | JACKSONL | .LEGGE | TIELLINTHICKM |
| T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 18. MEDICAL CER | TIFICATION | | INTERVAL BETWEEN PLD |
| 1 DISEASES OF CONDITIONS DIRECTLY LEADING TO COM | | Baco y | | (- Kr |
| IMMEDIATE CAUSE (A) | wer of | Joan - | 0 | 67/15 |
| ANTECEDENT CAUSE(S) DUE TO | Yalsia | of to Deer | sound | 2-3M. |
| GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) | guns - | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS O | F OPERATION | | | 20. AUTOPSY? |
| | | | | YES NO |
| 21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21c. WHERE DID INJURY OCCUR? | (City or town) | (County) (State) |
| 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. I While | NJURY OCCURRED Not while | 21f. HOW DID INJURY OCCUR? | | |
| M. et wor | k et work | | 1 | |
| 22. I hereby certify that I attended the deceas | | 4:1-6 M, from the cau | | that I last saw the deceased |
| alive on, 19, and t | may beam occurred as | | SS (Straat, city, town, s | |
| Olyns - L. Hall | h- M.D. | Linel | icum | 6/6/55 |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | NAME OF CEMETERY OR | CREMATORY | LOCATION (City, town, o | r county) (State) |
| BURIAL JUNE7, 193 | 5 GLENI | MAVEN | GLEN + | BURNIE MD |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | al | 25. FUNERAL DIRECTOR'S SIG | SNATURE | ADDRESS |
| DATE June 10, 1955 Victor 6. | Harry | Shamas W | . Dluggi | an Hew Burne |

CERTIFICATE OF DEATH

BUREAU V. S.

9961 BT NOT

BECEINE

05356 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5360 Reg. Dist. No. 33 CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDE | NCE (HOME) OF DECEASED: | |
|--|------------------|--|-------------------------------|
| COUNTY Baltimore MARYLAND | STATE Mary | land COUNTY Montgom | ery |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside | corporate limits, write RURAL an | nd give nearest town) |
| OR and give nearest town) TOWN Owings Mils (in this place) MO. | OR | ington | 15x-2 |
| HOSPITAL OR | STREET | (If rural, give location | |
| 12 INSTITUTION OR STREET ADDRESS Rosewood State Training School | ADDRESS 1011 | 8 Thornwood Road | 1 |
| 3. NAME OF (First) (Middle) | (Last) | 4. DATE (Month) (Da | y) (Year) |
| DECEASED: (Type or Print) Kathryn Lee | Levedahl | DEATH: 6 2 | 21 19 55 |
| PACE: WIDOWED DIVORCED | OF BIRTH: | 9. AGE last birthday: IF UNDER Months yrs. | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O. | | | 12. CITIZEN OF WHA |
| work done during most of working life, even if retired): | Wachi | ngton, D.C. | U.S.A. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAI | | U.D.A. |
| | | | |
| William John Levedahl | . INFORMANT & AD | an Scates | |
| (Yes, no, or unk.) (If Yes, give war or dates of | | | |
| service) | Kosewo | od Records | |
| | CERTIFICATION | | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | | | ONSET AND DEATH |
| 35/X Immediate cause (a) Status Epileptica | ıs | *************************************** | |
| Immediate cause DUE TO Injury of head-bi | irth with sym | ptomatic epilepsy | Birth |
| Antecedent cause(s) | | | |
| Diseases or conditions, if any, giving rise to the above cause DUE TO ventricular systematics | | | |
| stating underlying cause last | | f cortical atrophy | |
| II. OTHER SIGNIFICANT CONDITIONS: over both her | | 1 cor orcar aurophy | |
| Conditions contributing to the death but not related to the disease or condition causing death. | Tabuetes. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: | | | 20. AUTOPSY? |
| 2 | | | Yes No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY | t, (CITY OR TO | WN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while | HOW DID INJUR | RY OCCUR7 | |
| 22. I hereby certify that I attended the deceased from 9/16. | 10 53 , 6/ | 27 10 55 11 11 | 4h- Janes1 |
| 22. I hereby certify that I attended the deceased from | , 1922, to92. | , 19, that I last | saw the deceased |
| alive on 6/21 , 19.55, and that death occurred at. | | om the causes and on the dat | te stated above. DATE SIGNED |
| SIGNATURE ME Owings Mil | ls, Maryland | | 6/21/55 |
| 17778 - 1 200000 | RY OR CREMATORY | LOCATION (City, town, or | |
| PEMOVAI. (Specify) | unt Cremate | | |
| Cremation June 21,1955 Green Mo | 24. FUNERAL DIR | ECTOR | ADDRESS |
| REG. 6.21-55 Mary B. Eline. | J.F. Eline | & Sons, Reisters | town, Md. |

BUREAU V. S.

SSGI TA NUL



MARYLAND STATE DEPARTMENT OF HEALTH

5275

2411 N. Charles Street, Baltimore

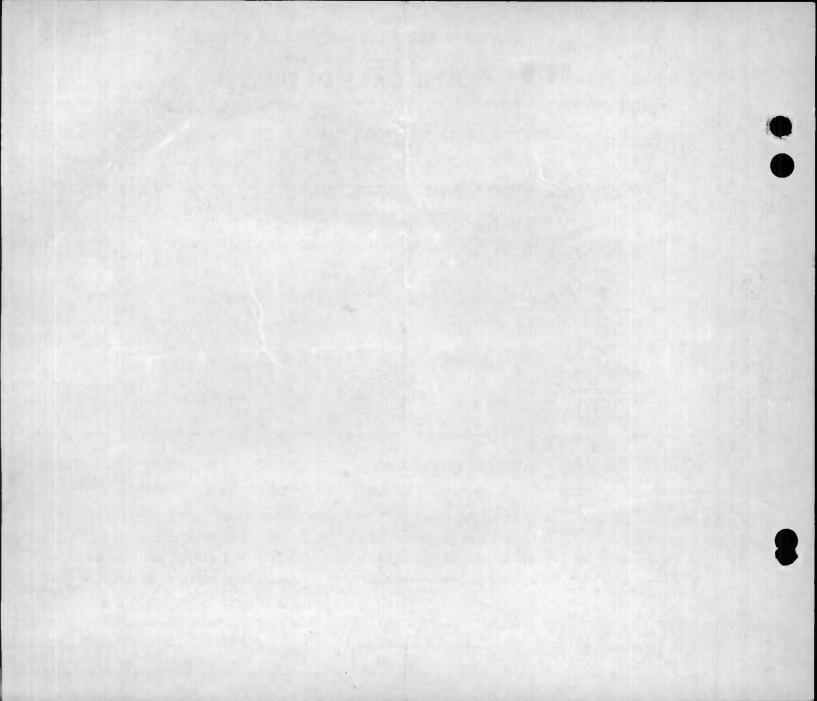
CERTIFICATE OF DEATH

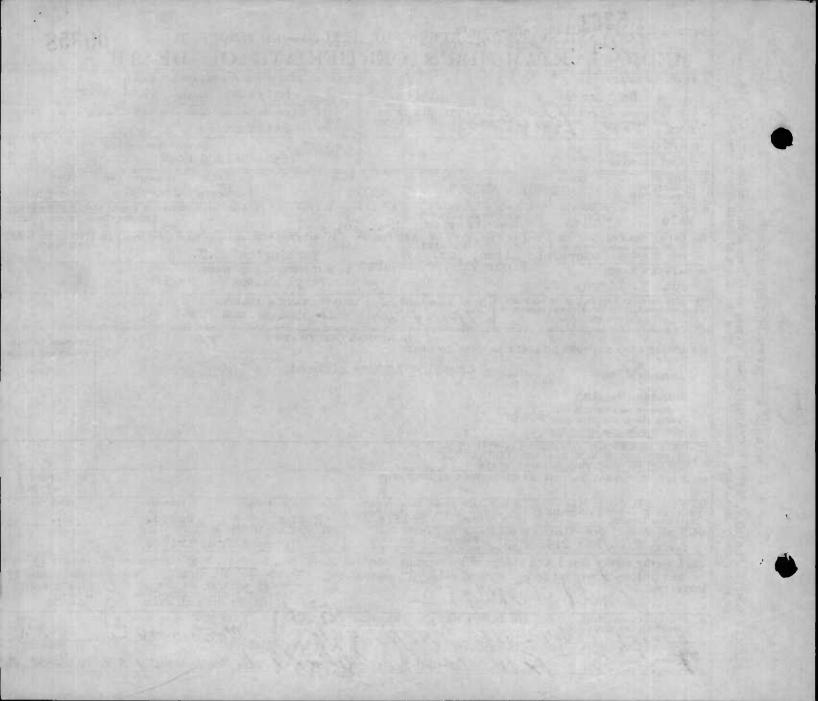
| GERTHORI | E OF DESTRICT Reg. Dist. No. |
|---|---|
| 1. PLACE OF DEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED. |
| COUNTY Baltimore MARYLAND | STATE Maryland COUNTY Baltimore |
| CITY (If outside corporate limits, write RURAL and place) OR plve nearest town (in this place) The company of the corporate limits, write RURAL and (in this place) | CITY (If outside corporate limits, write RURAL and give pearest town) |
| HOSPITAL OR | TOWN Baltimore Wundaln 53 STREET (If rural, give location) |
| INSTITUTION OR | ADDRESS |
| STREET ADDRESS 3539 McShane Way | 3539 McShane Way |
| 3. NAME OF (First) (Middle) DECEASED | (Last) 4. DATE (Month) (Day) (Year) wandowski DEATH June 7th, 1955 19 |
| (Type or Print) Joseph Stanley Le 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | wandowski DEATH June 7th, 1955 19 8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs |
| Male White WIDOWED, DIVORCED, (Specify) Married | Dec. 8-1913 41 yrs. Montha Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| Painter Beth. Steel Co. | Baltimore - Maryland U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Ignatius Lewandowski | Mary |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
| (Yes, no, or unknown) (If yes, give war or dates of 216-10-4743 | Mrs. Helen Lewandowski - 3539 McShane Way |
| 18. MEDICAL CE | |
| | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATE |
| 4201 Cornory | 68 Dulal |
| Immediate cause (a) | 010100000000000000000000000000000000000 |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause | Herios cleroses auknown |
| stating the underlying cause last | |
| (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | Yes T No PT |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY | |
| TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While NJURY Mork At work | HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from I will | , 19.55, to 7 Glub, 19.55, that I last saw the deceased |
| alive on 4 Uml, 1955, and that death occurred at SIGNATURE: (Degree or title) | ADDRESS DATE SIGNED |
| Jan Court o | so Dunsan Rd Sundall- Ad 8 June 1753 |
| REMOVAL (Specify) June 11-1953 If Stan | 1300 Tunglal are |
| DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
| 10 Jy NW Heden | Jenge a Weber 705 S. ann ac |
| 1/4 | <i>y</i> . |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING

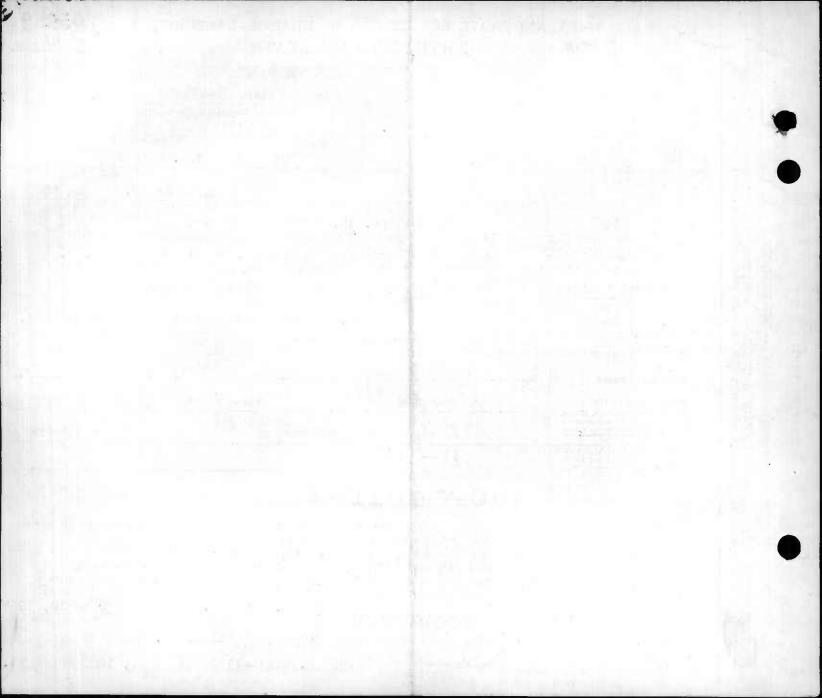
The correct age



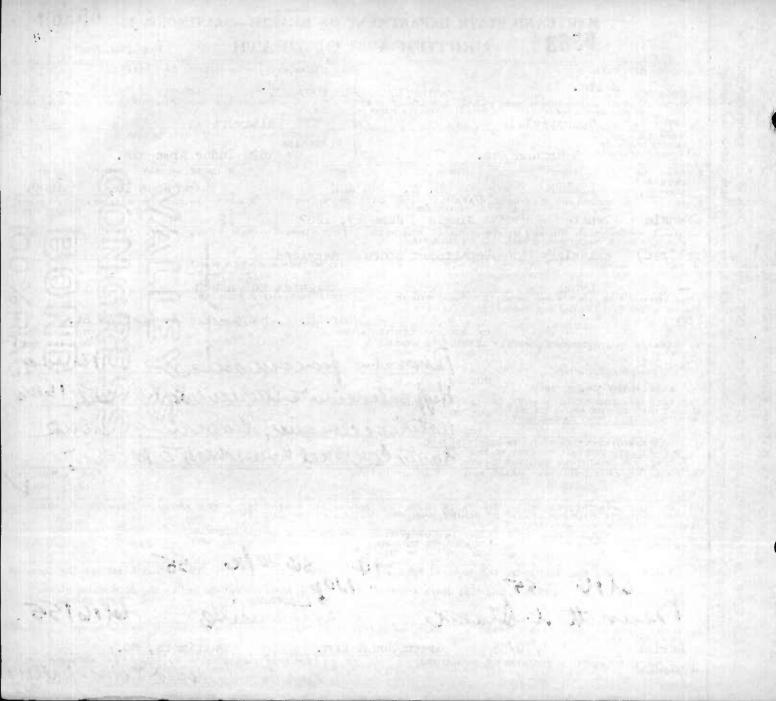


| 1. PLACE OF | DEATH: | | | | 2. USUAL RESIDE | NCE (HOME) OF DECEASED: | |
|--|--|---|---|---------------------------------|--|--|---|
| COUNTY | Baltimore | | MARYL | | STATE Mary | and county Baltimo | re . |
| - OR and | outside corporate lim give nearest town) atonsville | its, write RURAL | (in this | | CITY (If outside OR TOWN Cator | | 52 |
| HOSPITAL INSTITUT STREET A | ION OR | Delrey Ave. | | | STREET ADDRESS 102 | (If rural, give locati | on) |
| 3. NAME OF DECEASED (Type or P | | | Middle) NER LI | PPS | (Last) | OF DEATH: June 29, | Day) (Year) 19 55 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MAI WIDOWED, I (Specify): ma | RRIED. DIVORCED, rried | | OF BIRTH: 18, 1900 | 9. AGE last birthday: IF UNDS | |
| 10a. USUAL work don even if i | OCCUPATION (Giv ne during most of wo etired): Builder | | IND OF BU NDUSTRY: racting | | | (State or foreign country): Ore, Maryland | 12. CITIZEN OF COUNTRY? |
| 13. FATHER | | | | | 14. MOTHER'S MAI | | |
| | erick Lipps | | | 27 | Anna Elia | abeth Wiessner | |
| (Yes, no, or un | ASED EVER IN U.S. ARM ak.) (If Yes, give war service) | or dates of | CIAL SECURITY | | | Helfrich Lipps 10 | 2 Delrey Av |
| A DICHACHO | OR CONDITIONS D | TOPOMETAL THANKS | | | ERTIFICATION | | INTERVAL BET |
| | ate cause | (a) | Julm | onan | Embol | Ċ | ONSET AND D |
| Anteced | lent cause(s) | DUE TO | Final | vis | - New to | meclia | 8 years |
| giving ris | or conditions, if any, e to the above cause nderlying cause last | (c) | Bro | nek | utori | <u> </u> | 54200 |
| | IGNIFICANT COND contributing to the d the disease or conditi | leath but not ion causing death. | - | | | | |
| Conditions related to | | b. MAJOR FINDIN | IGS OF OPE | RATION: | | | 20. AUTOPS |
| Conditions related to | F OPERATION: 19 | | | | | | Voc CT N |
| Conditions related to | F OPERATION: 19 IT (Specify) | PLACE (Ho OF offic INJURY | me, farm, fac e bldg., etc.) | tory, street, | (CITY OR TO | WN) (COUNTY) | Yes N |
| Conditions related to 19a. DATE 0 21. ACCIDEN SUICIDE HOMICIT TIME (MOFER OF INJURY) | F OPERATION: 19 TT (Specify) E onth) (Day) (Year | OF offic INJURY (Hour) INJU Whil Wor | e bldg., etc.) JRY OCCUR e at Not work at wo | RED hile — | HOW DID INJUR | Y OCCUR? | (STATE) |
| Conditions related to 19a. DATE 0 21. ACCIDEN SUICIDE HOMICIL TIME (MOF INJURY) 22. I hereb | F OPERATION: 19 IT (Specify) E onth) (Day) (Year | OF offic INJURY (Hour) INJU Whil M. wor | e bldg., etc.) JRY OCCUR e at Not w k at wo ceased from | RED hile | HOW DID INJUR | Y OCCUR? | (STATE) |
| 21. ACCIDEN SUICIDE HOMICITIME (MOF INJURY) 22. I herel alive of SIGNATU | F OPERATION: 19 IT (Specify) E onth) (Day) (Year oy certify that I and I are the specify) RE | OF offic INJURY (Hour) INJURY M. World world work attended the decomposition and that | e bldg., etc.) JRY OCCUR ent Not w. k at wo ceased from death occu (DEGREE | RED hile ork m. Meg. urred at | How did injured to be a second to be | y occur? 19, that I las m the causes and on the d | t saw the deceate stated above DATE SIG |
| Conditions related to 19a. DATE 0 21. ACCIDEN SUICIDE HOMICIL TIME (MOF INJURY) 22. I herel alive of SIGNATU | F OPERATION: 19 IT (Specify) E onth) (Day) (Year or certify that I and I are considered by certify that I are certification of the cert | OF offic INJURY (Hour) INJU Whil M. wor | e bldg., etc.) JRY OCCUR. e at Not w. k at wo ceased from death occu (DEGREE | RED hile ork urred at CEMETER | HOW DID INJUR | Y OCCUR? 19, 19, that I las m the causes and on the d | t saw the decerate stated above DATE SIG June 30, r county) (St |

John O. Mitchell & Sons Inc., 1900 Eutaw Pl.



| 5353 CERTIFICAT | E OF DEATH Reg. Dist. No. |
|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| 1. PLACE OF DEATH: COUNTY Balto COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STA | STATE Md. COUNTY |
| CITY (If outside corporate limits, write RURAL LENGTH OF STA | CITY(If outside corporate limits, write RURAL and give nearest t |
| OR and give nearest town) Cockevsville (in this place) | TOWN Baltimore 3/0 |
| HOSPITAL OR | STREET (If rural give location) |
| STREET ADDRESS 5 McCann Ave. | 3820 Tudor Arms Ave. |
| NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| DECEASED: (Type or Print) LILLE M. A. L | YNCH DEATH: June 16. 195 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATI | OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 |
| dfemale white (Specify): single June | 19, 1882 72 yrs. Months Days Hours |
| DA. USUAL OCCUPATION (Give kind of NOB. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W. COUNTRY? |
| (retired) saleslady Department Store | Maryland |
| 3. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Lynch | Margaret McDonough |
| WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. | 17. INFORMANT & ADDRESS: |
| fes, no, or unk.) (If Yes, give war or dates of service) | Mr. R. L. Rapp - 215 N. Charles St. |
| 18. MEDICAL CERTIFICA | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND D |
| 30 IMMEDIATE CAUSE (A) MUNICIPALITY | r fucemones 16 das |
| ANTECEDENT CAUSE (S) | 1 - 6 20 - 150 |
| DISEASES OR CONDITIONS, IF ANY. (B) | reion & allicely & Tellengia 154 |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | 1 . 01 |
| (c) William | course remember and |
| TO THE DEATH BUT NOT RELATED TO THE | chund how as sheet. To Dougle - |
| DISEASE OR CONDITION CAUSING DEATH. 1944 OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | IN THE PROPERTY OF THE PARTY OF |
| ISS. MASSIC PINEMOS OF OFERANCE | YES NO |
| A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fi | |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg | |
| IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE | D 21F. HOW DID INJURY OCCUR? |
| OF INJURY While at work at work | |
| I hereby certify that I attended the deceased from | , 1950, to , 1955 that I last saw the dece |
| 2 In hereby certify that I attended the deceased from | |
| and on 19.5, and that death occurred a | M, from the causes and on the date stated above. ADDRESS DATE SIGNED |
| Deunett U. Atalas | M. D. Suchlecullo. 6/16/55 |
| | TERY OR CREMATORY LOCATION (City, town, or county) |
| Burial 6/20/55 Green Moun | |
| PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR ADDRESS |



| | The |
|-----------------------------|--|
| 1 | carefully. |
| | of information |
| BINDING | Supply every item |
| MARGIN RESERVED FOR BINDING | UNFADING INK. |
| MARGIN | LAINLY, WITH |
| 1 | R WRITE P |
| VS. A15 — 10 - 53 | PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The |

| | | TO OF WEALTH DAILSTONE 10 | 05064 |
|------------------|--|---|---|
| | MARYLAND STATE DEPARTMEN Item 9, FilmGl84, 7-28-55 et 5281 CERTIFICATI | E OF DEATH Reg. Dist | 05361 |
| γ. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| ırly and legibly | COUNTY BALTIMORE MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN HALET HORPE HOSPITAL OR INSTITUTION OR | STATE MARYLANDOUNTY BALT CITY(If outside corporate limits, write RURAL s OR TOWN HALE THO SPE STREET (If rural give location) ADDRESS, | rimo R6 and give nearest town) |
| h clearly | 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Contraction of | Day) (Year) |
| causes of death | (Type or Print) / HOMAS - LVONS | OF BIRTH: 9. AGE last birthday Ir UNDER 1. Months I 11. BIRTHPLACE (State or foreign country): 12. | Days Hours Min. |
| e c | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | 1. 0. 17. |
| e the | VINKNOWIN | UNKNOWN | |
| e write | (Yes. no, or unk.) (If Yes, give war or dates of service) (16. Social Security No. 216-14-1778 A | ANNA M. WOLF 5720 FIRST A | 116 |
| please | 18. MEDICAL CERTIFICAT | TION | INTERVAL BETWEEN |
| Physicians: | ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO DUE TO DUE TO | terme USCVD | ONSET AND DEATH |
| tant. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | mo / restricts | |
| important. | DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO | N | 20. AUTOPSY? |
| | | | YES NO |
| especially | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | tory, etc. 21c. WHERE DID (City or town) (Coun injury occur? | ty) (State) |
| is esp | 21D. Time (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | D 21F. HOW DID INJURY OCCUR? | |
| correct age | SIGNATURE SEALY 23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) 13 4 12 1 9 L 14 N6 16 1965 5 NEW CATHED | ADDRESS DA. A. D. Dalellart DA. TERY OR CREMATORY LOCATION (City, town, or | stated above. TE SIGNED //3/55 County (State) |
| 6 | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | | hen In Rel. |

dividual appropriation

A SUPPLEMENT MATERIAL

VS. A15A - 5 - 53

| MARYLAND STATE DEPARTMENT OF | HEALTH—BALTIMORE, 18 | 15362 Reg. Dist. |
|--|---|--|
| MEDICAL EXAMINER'S CEI | RTIFICATE OF DEATH | No. 33 |
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY Balts. MARYLAND | STATE Ind. COUNTY Ball | t |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LENGTH OF STA (in this place) | CITY (If outside corporate limits write RURAL and OR TOWN | d give nearest town) |
| HOSPITAL OR INSTITUTION OR FALLS Rd. | STREET ADDRESS Euba Rd. | / |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) HARRY VICTOR M | (Last) 4. DATE (Month) (Day OF DEATH Sure 4 | |
| | TE OF BIRTH: 9, AGE last birthday: IF UNDER I | YEAR IF UNDER 24 HRS. ays Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | OR 16. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | 1 1 2 1 2 |
| Harry & madden | Effic Whitaker | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: | n |
| IS. MEDI I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | ICAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Trushed le | stelest. | 15 min. |
| Antecedent cause(s) 9 ntorus lu | morrhage | 15 min. |
| Diseases or conditions, if any. giving rise to the above cause stating underlying cause last (c) | sit on him. | 15 min. |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | me | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes \(\subseteq \text{No } \text{RO} |
| 218 EXTERNAL CAUSE WAS 21h PLACE (Home farm facto | ry. 21c. (City or town) (County) | (State) |
| PRIMARY Tor CONTRIBUTING OF street office bldg., e CAUSE OF DEATH. | Value 1 | mah |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work 10 | | in. |
| 22. I hereby certify that I took charge of the remains described | | , Inquiry Z, and |
| find that death resulted from: Natural causes [], Acc | | |
| SIGNATURE | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | DATE SIGNED |
| REMOVAL (Specify) | M. D. ASSISTANT MEDICAL EXAM. ERY OR CREMATORY LOCATION (City, town, or company) | ountry) O(State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 7 - 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 24. FUNERAC DIRECTOR | ADDRESS |
| 6-1-331 Mary 13. 211me. | the way were the second | ALACA WE THIN |

DECEDATED

BUREAU V. S.

53

REGISTRAR.

THE COME THE CHARLEST AND A STREET THE COME THE





BUREAU V. S.

S I will take a series of real transfer of the series of t

| DECEASED: (Type or Print) Mrs. Gertrude K. Me 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, 8. DATE | OR TOWN Lutherville STREET ADDRESS Front and Lincoln Sts. (Last) Yer OF DEATH: June 29th 1955 OF BIRTH: 14, 1886 OR OF DEATH: June 29th 1955 OF BIRTH: OF DEATH: June 29th 1955 OF BIRTH: Jene |
|---|--|
| OR and give nearest town) TOWN Lutherville HOSPITAL OR INSTITUTION OR STREET ADDRESS Front and Lincoln Sts 3. NAME OF DECEASED: (Type or Print) Front and Lincoln Sts (Middle) Gertrude K. Me 5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): married Sept. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home | CITY(If outside corporate limits, write RURAL and give nearest town or Town Lutherville STREET (If rural give location) ADDRESS Front and Lincoln Sts. (Last) 4. DATE (Month) (Day) (Year) OF DEATH: June 29th 1955 OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR Hours Min Months Days Hours Min 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT Baltimore, Maryland USA |
| street address Front and Lincoln Sts 3. NAME OF DECEASED: (Type or Print) Mrs. Gertrude K. Me 5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, WIDOWED, DIVORCED, (Specify): married Sept. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 10B. KIND OF BUSINESS OR INDUSTRY: | ADDRESS Front and Lincoln Sts. (Last) 4. DATE (Month) (Day) (Year) OF DEATH: June 29th 1955 OF BIRTH: 9. AGE last birthday F UNDER 1 YEAR HOURS 24 HAST 14, 1886 68 yrs. Months Days Hours Min 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Baltimore, Maryland USA |
| DECEASED: (Type or Print) Mrs. Gertrude K. Me 5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, Specify): married Sept. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home | OF DEATH: June 29th 1955 OF BIRTH: 9. AGE last birthday If UNDER 1 YEAR HOURS Min 14, 1886 68 yrs. Months Days Hours Min 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT Baltimore, Maryland USA |
| female white Specify: married Sept. OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home RACE: WIDOWED, DIVORCED, Specify: married Sept. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT Baltimore, Maryland |
| OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home | Baltimore, Maryland USA |
| 13. FATHER'S NAME: | |
| Mr. Henry Slagle | 14. MOTHER'S MAIDEN NAME: Teresa Wagoner |
| 15. WAR DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) | Mr. Henry F. Meyer, Front & Lincoln |
| 18. MEDICAL CERTIFICAT | TION |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 158 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) | onia of Rentoneum. 10 keps |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |

21B. PLACE (Home, farm, factory) OF INJURY street, office bldg., etc.

21E INJURY OCCURRED
While Not while

at work

WRITE PLA OR

especially

OF INJURY

MARGIN RESERVED FOR BINDING

PLEASE TYPE

correct

A15 VS.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial DATE THEREOF July 2, 1955 DATE REC'D BY LOCAL

21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NAME OF CEMETERY OR Mt. Maria Cemetery

21c. WHERE DID

21F. HOW DID INJURY OCCUR?

LOCATION (City, town, or coun

Leonard J. Ruck, 5305 Harford Road #11

from the causes and on the date stated above.

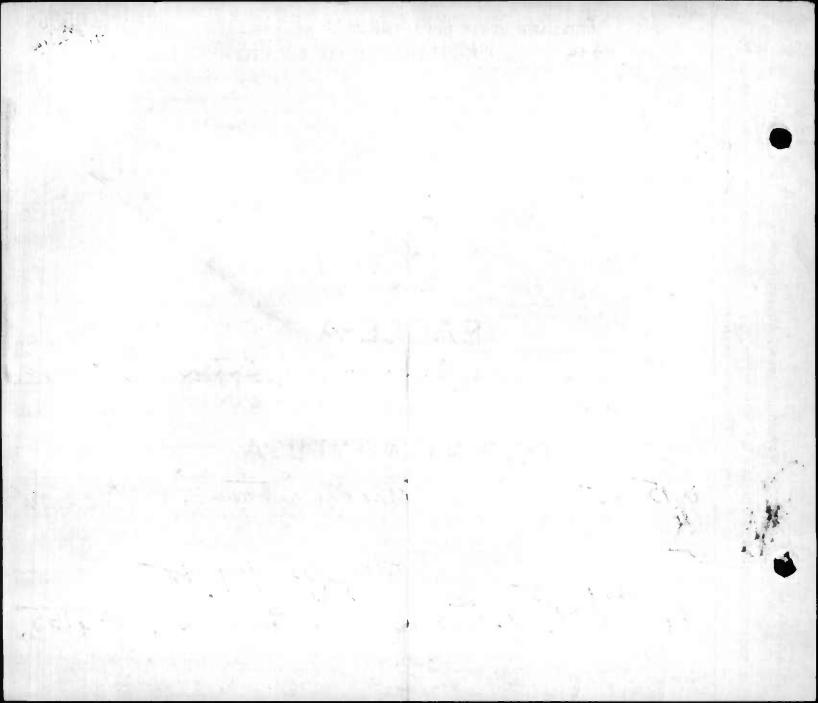
(City or town)

Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS

(County)

that I last saw the deceased

(State)



MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No....

| 1. PLACE OF DEATH- COUNTY | 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY |
|---|--|
| DALTIMORE MARYLAND | MARYLAND DALTO. |
| OR give nearest town) (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR |
| HOSPITAL OR WOODLAW HUYO | STREET (If rural, give location) |
| INSTITUTION OR STREET ADDRESS | ADDRESS 9 WINEDOR MILL RD. |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) FRANK CAINOR | MICHEL DEATH 6 1955 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify) | 9. AGE last birthday If under I year If under 24 hr Months. Days Hours Min |
| 10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business on | II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| TRAVELING SALES MAN MILLINERY | MARYLAND COUNTRY? U.S. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | FLORENCE GAINOR 17. INFORMANT, AND ADDRESS |
| (Yes, no, or unynown) (If year, give war or dates of 215-05-4917 | |
| 700 1341100 | 1 |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | RTIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| \" 2 \" | |
| Immediate cause (a) HYPERTENSIN | CARDIO MASCOCAL PIBERSE PIO. |
| Antecedent cause(s) | |
| Diseases or conditions, if any, (b)UREMIA | 2 Days |
| giving rise to the shove games | E |
| II. OTHER SIGNIFICANT CONDITIONS | FAILURE. |
| Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | Yes No [|
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? |
| OF INJURY m. While at Not While Work At work | |
| 22. I hereby certify that I attended the deceased fromD. E.C. | 1058 to VILLE 1055 that I lost and the James |
| | |
| | P.m., from the causes and on the date stated above. |
| STODATURE (Degree or title) | ADDRESS DATE SIGNED |
| 23. BURIAL CREMATION DATE NAME OF CEMETE | RY OR CREMATORY LOCATION (City, town, or county) (State) |
| REMOVAL (Specify) | |
| DATE, REC'D BY LOCAL REGISTRAR'S SIGNATURE // | 24. FUNERAL DIRECTOR |
| REG S-50 - Block Redrick | 15 00 million and |
| | GILLION COMMICTOR |

| 11 | 中的时间是同时代的发展的大学文 | () () () () | |
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| The | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 12. Film 184 7-22-55 et 5369 CERTIFICATE OF DEATH Reg. Dist. No. | 5367 |
|--|------------|--|---------------------------------|
| | | | THE PROPERTY. |
| carefully. | 210 | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| A Bie | 20 | COUNTY DALLIMOTE MARYLAND STATE /// COUNTY | 6 5 |
| Mon careful | nua l | 57 TOWN (Marsh Lews) LENGTH OF STAY (in this place) CITY (If outside corporate limits, write RURAL and give neglect town) (in this place) OR TOWN (Marsh Lews) | e nearest town) |
| nforma | early | HOSPITAL OR STREET ADDRESS 743 & Amountain Que 5743 6 Amountain | ware |
| em of inf | aru ci | 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: (Type or Print) CLARA - MIDDLEMAN OF DEATH: 6 - 1 - | (Year) |
| it. | 5,1 | SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8 DATE OF BIRTH: 9. AGE last birthday IF UNDER ! YEAR 11 | F UNDER 24 HRS. Hours Min. |
| | causes | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS Work done during most of working the even if retirety ous work of working the even in the | EN OF WHAT |
| FOR BINDLI INK. Supply ase write the | | 13. FATHER'S NAME: Greenfeld Lurah | |
| | | (Yes, no, or unk.) (If Yes, give war or dues of service) 18. Social Security No. 17. INFORMANT & ADDRESS: Welliam Meddleman — | |
| | 8 | 18. MEDICAL CERTIFICATION INTER | |
| VE N | ā | 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1443 * IMMEDIATE CAUSE (A) Cereby Vascular accident onse | Z4 |
| KESI UNF | sician | ANTECEDENT CAUSE (S) | 1 |
| TTH Phys | | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) LEFT (ARDIAL ARDIAL AR | s me |
| A B | important. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | oyro. |
| Z Y | rts | TO THE DEATH BUT NOT RELATED TO THE | 0 |
| Z | odu | DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20 | AUTOPSY? |
| 7 | | YES | |
| WRITE I | especially | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY Street, office bldg., etc. INJURY OCCUR? (County) | (State) |
| > | is est | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work | |
| 6 | age | 22. I hereby certify that I attended the deceased from AUC, 1957 to 6-1, 1955 that I last saw alive on 1955, and that death occurred at 4 M, from the causes and on the date stated | the deceased |
| TYPE | correct | SIGNATURE ADDRESS DATE SIGNATURE AND ALIGHTOWN 6-2 | NED - 55 |
| PLEASE | 00 | 23. BERIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or count Benoval (Specify) 6-Z-57 Willington Balts | Md State |
| PL | | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JACK LEWIS ME 2100 ENTER | W RL |
| | | | |

House Belle we

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 5370 Reg. Dist. No. 3 8 USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: 0 STATE Maryland COUNTY Towson, Ba Co. legibly MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL| LENGTH OF STAY OR and give nearest town) (in this place) OR carefuny TOWN TOWN Rural Towson 13 days Towson and STREET (If rural give location) HOSPITAL OR Sheppard & Enoch Pratt Hospital ADDRESS INSTITUTION OR STREET ADDRESS Burke Avenue Towson 4. Maryland clearly information 4. DATE (Month) (Day) (Year) (Last) 3. NAME OF (Middle) (First) DECEASED: Satterfield Miller 6 Alma DEATH: (Type or Print) 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH: 7. SINGLE, MARRIED, death 5. SEX: 6. COLOR OR Months Days Hours RACE: WIDOWED, DIVORCED, Female (Specific iried August 23, 1886 white 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT jo 10a. USUAL OCCUPATION Give kind of COUNTRY? INDUSTRY: work done during most of working life, item RESERVED FOR BINDING Richmond, Virginia even if retired) : Housewife U.S.A. every item he causes 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Mary Ann Seward Joseph T. Satterfield 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Sheppard & Enoch Pratt Hospital, Towson 4, Md. (Yes, no, or unk.) | (If Yes, give war or dates of Supply write th service) no 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death INK. eneralied arterioscherosis Immediate cause DUE TO UNFADING Antecedent causes (s) Physicians: Diseases or conditions, if any, giving rise to the above cause DUE TO stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? important. WITH 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No No (COUNTY) (STATE) (CITY OR TOWN) PLACE (Home, farm, factory, street, OF office bldg., etc.) 2I. ACCIDENT (Specify) SUICIDE PLAINLY INJURY HOMICIDE HOW DID INJURY OCCUR? INJURY OCCURED especially (Day) (Year) (Hour) Not While While at At Work INJURY Work [22. I hereby certify that I attended the deceased from May 31,1955, to Bus 13, 1955, that I last saw the deceased M, from the causes and on the date stated above. WRITE 5, and that death occurred at . I. (Degree or title) (City, town, or county) OREMATION, NAME OF CEMETERY OR CREMATORY SE PLEA REGISTRAR'S

DATE REC'D BY

DECEINED SEE

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5371

CERTIFICATE OF DEATH

Reg Dist No 33

| JULI CERTIFICA | TE OF DEATH Reg. DIS | L. 140. |
|---|--|--------------------------|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| COUNTY Baltimore MARYLAND | STATE Manyland COUNTY B | 1 timene |
| CITY (If outside corporate limits, write RURAL LENGTH OF ST. OR and give nearest town) TOWN REPORT TOWN 1.0. | AY CITY(If outside dorporate limits, write RURAL OR TOWN PURE TOWN - MTC | nucl Rd. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural give location ADDRESS |) × |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) Cora Norris | Miller OF DEATH: June | (Day) (Year) 12 19 5 5 |
| Fem al Golden or 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed Ja | M. 22 1870 85 yrs. Months | Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 11. BIRTHPLACE (State or foreign country): 12 | CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Joshua stock dale | Elizabeth | intrown |
| Yes, no, or unk.) (If Yes, give war or dates of service) | Lelbert & Miller Port | tou Med |
| 18. MEDICAL CERTIFIC | CATION | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| 260XIMMEDIATE CAUSE (A) GENERAL | lized anteriosclenosis | years |
| ANTECEDENT CAUSE (8) | es Mellitus. | 10 |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | St technique | - Jugues. |
| (C) | | |
| IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | |
| DISEASE OR CONDITION CAUSING DEATH. | | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT | TION | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bl | factory. 21c. WHERE DID (City or town) (Couldg., etc. INJURY OCCUR? | nty) (State) |
| OF INJURY (Day) (Year) (Hour) 21E INJURY OCCUR While Not while at work | RED 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from | 10 7. , 1953, to June /2, 1955, that I las | st saw the deceased |
| alive on June 10, 1905, and that death occurred | at 44. M, from the causes and on the date | |
| Chiabet / S. Harrill | M.D. Cockeyonille, Md. | 6/12/55 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CENTREMOVAL (SPECIFY) | METERY OR CREMATORY LOCATION (City, town, | or county) (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE . | B. ASK I T. AND SO DOWN I BO | ADDRESS . |

BUREAU V. S.
JUN 17 1955

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

5373

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

| 1. PLACE OF DEAT | | | 2. USUAL RESIDENCE (| HOME) OF DECEASE | D. | |
|-------------------------------------|---|---|--------------------------------|--------------------------|-----------------------------|--------------|
| Ba. | ltimore | MARYLAND | Maryli | | COUNTWalt | |
| OR give pearest | corporate limits, write RUR. t town) ONSVille | AL and LENGTH OF STAY (in this place) | OR TOWN Catonsv | rate limits, write RURA | L and give near | est town) |
| HOSPITAL OR | OHDVIII | | STREET | (If rural, give loc | retion) | 0 0 |
| INSTITUTION O STREET ADDRE | R Oakdale Av | re #123 | | kdale Ave. | | / |
| 3. NAME OF DECEASED | (First) | (Middle) | (Last) | 4. DATE (Mo | | |
| (Type or Print) 5. SEX | SARAH 6. COLOR OR RACE | ELLEN MURPHY | 8. DATE OF BIRTH | | -12-1959 If under 1 year | |
| Female | White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W10 OW | 8-22-1378 | 76 ym. | Months Days | Hours Min. |
| 10a. USUAL OCCUP | ATION (Give kind of work working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State | or foreign country) | 12. CITI COUNT | ZEN OF WHAT |
| AT HO | me | | Oella Mi | 7 37437D | | |
| | | | | NAME | | |
| Henry Sw | | | Anne V.Day | | | |
| (Yes, no, or unknown) | VER IN U.S. ARMED FORCES (If yes, give war or dates of service) | 7 16. Social Security No. | 17. INFORMANT AND Blanche Doyl | ADDRESS e,Catonsville | .Md | |
| 10 | lect vicey | 18. MEDICAL CE | | | , | |
| / | | | MITTERION | | INTE | BVAL BETWEEN |
| I. DISEASES OR CO | ONDITIONS DIRECTLY | | | | ONE | ET AND DEATH |
| | | General It. | Ten our Car | 6 | 1 | Day _ |
| Immediat | te cause (a) | | | A | | |
| SSIX Anterede | nt cause(s) | 9 | Co. CL | 50. | - 11 | |
| Diseases or | conditions, if any, (b) | cour a region | 0 270118 | Decron | | The |
| giving rise t | to the above cause underlying cause last | | | | | |
| searing and | (a) | | | | - 1 | |
| II. OTHER SIGNIE | ICANT CONDITIONS | | | | | |
| Conditions contrib | uting to the death but not use or condition causing deat | | | | | |
| 19a. DATE OF OPE | RATION 19b. MAJOR I | FINDINGS OF OPERATION | | | 20. | AUTOPSY? |
| | | | | | Ye | No E |
| 21. ACCIDENT SUICIDE HOMICIDE | (Specify) PLA OF INJU | CE (Home, farm, factory, street, office bldg., etc.) JRY | (CITY OR | TOWN) (C | OUNTY) | (STATE) |
| TIME (Month) | (Day) (Year) (Hour) | INJURY OCCURRED While at Not While | HOW DID INJURY O | CCUR? | | |
| OF INJURY | m. | Work At work | | | | |
| | | (6) | 55 V. | / | | |
| 22. I hereby gert | lify that I attended the | e deceased from 14 2 | 1955, to June | -1915, that | I last saw th | e deceased |
| | | | -A/. | | | |
| | , 199, an | d that death occurred at | m., from the | e causes and on the | | |
| SIGNATURE | 1 | (Degree or title) | ADDRESS | | DA | TE SIGNED |
| | Janues Da | towelf ! | Mayo zoe | e. | 6- | 13/ |
| 23. BURIAL, CREA | ATION DATE THERE | OF NAME OF CEMETE | CRY OR CREMATORY | LOCATION (City, town | , or county) | (State) |
| Burial (Spe | 6-15-55 | Cathedral | | Baltimore . Md | | |
| DATE REC'D BY | LOCAL REGISTRAR'S | | 24. FUNERAL DIRECT | OR | AD | DRESS |
| REG. (//3) | 155 75 | Janne - | F.C. Higinboth | om, Ellicott C | ity, Md | |
| 6/14/ | Marketonia | | , - , - , | | - V | |

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

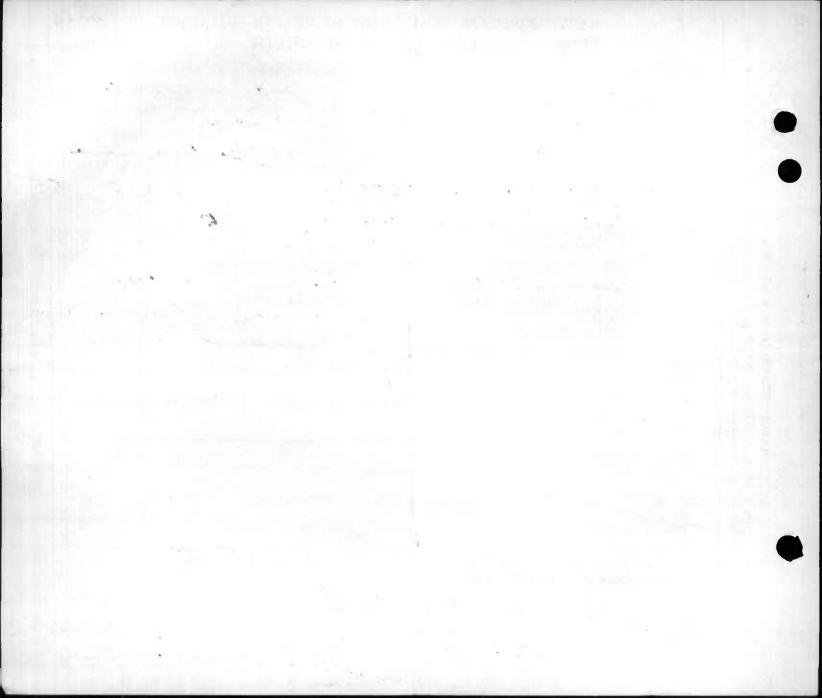
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| | CERTIFICATE | E OF DEATH Reg. Dist. | . No. 3 |
|-------------------|---|---|--|
| legibly. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED | D: |
| legibly | COUNTY Baltimore MARYLAND | STATE Maryland COUNTY Balti | more |
| and le | CITY (If outside corporate limits, write RURAL OR and give nearest town) 5 Town Catonsville 6yrs | CITY(If outside corporate limits, write RURAL a OR TOWN Catonsville | nd give nearest town) |
| clearly and | HOSPITAL OR INSTITUTION OR 207 Winters Lane | STREET (If rural give location) ADDRESS 207 Winters Lane | 1 |
| auses of death cl | | | Day) (Year) |
| 3 | OECEASED: (Type or Print) HARRIETT CATHERINE NUG. | ENT DEATH: June | 29, 1955 |
| | female 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED DIVORCED. 8-1-1 | 9. AGE last birthday Functs (V Months D | ays Hours Min. |
| | IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retire Housewife home | 11. BIRTHPLACE (State or foreign country): 12. Maryland U | CITIZEN OF WHAT |
| ı | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| | Allen Nugent | Nancy Rheubottom | |
| ı | 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| | (Yes, no, or unk.) (If Yes, give war or dates of service) none | Elsie Granger, 207 Winters | Lane |
| | 18. MEDICAL CERTIFICAT | ION | INTERVAL BETWEEN |
| ı | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| | | Insufficiency | 16 Mo.22d |
| | ANTECEDENT CAUSE (S) | | |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | ive Cardiac Disease | 3 |
| | (C) | | |
| ı | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | THE STATE OF |
| ĺ | DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | v | |
| | 0 | | YES NO |
| ŀ | 21a. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | | (State) |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work | 21F. HOW DID INJURY OCCUR? | |
| | 22. I hereby certify that I attended the deceased from 2-7- | -54, 19, to 6-29-55 19, that I last | saw the deceased |
| | alive on 6-29-55, 19 and that death occurred at SIGNATURE | ADDRESS 6-29-55 DAT D. 57 Winters Lane, Catons | stated above./29, re signed 6/29, ville, Md. |
| | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) | ERY OR CREMATORY LOCATION (City, town, or | county) (State) |
| | DATE DEC'D BY LOCAL REGISTRAR'S SIGNATURE | | |
| I | REGISTRAR SIGNATURE STATUS | C. M. Waltz, Winfield, M | aryland |



THE RESIDENCE OF THE PARTY



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| . 10 - 53 | |
| VS. A15 - | |

| a) | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 05374 |
|-------------------------------------|--|--|
| . The | 5376 CERTIFICATE OF DEATH Reg. Dist. | No. 30 |
| ully. | I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME.) OF DECEASED | D: |
| careful | COUNTY BALTO, CO. MARYLAND STATE ML COUNTY RA | FLTO. |
| | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR application of the corporate limits, write RURAL a OR (in this place) OR TOWN AT 1) ((C) (1) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | nd give nearest town) |
| nformation clearly and | HOSPITAL OR INSTITUTION OR //// / COLUMN ADDRESS (If rural give location) | 1 |
| cles cles | OTOSTREET ADDRESS /14 LOCUST DRIVE 114 LOCUST DRIVE | |
| m of in | 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (1) DECEASED: (Type or Print HAROLD LESLIE PHILLIPS DEATH: 6/27/ | Oayl (Year) |
| every item of auses of death | 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE iast birthday 17 UNDER 1 Y Months D | EAR IF UNDER 24 HRS. Bys Hours Min. |
| K. Supply every write the causes | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| Ca Ca | 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: | U. S.a. |
| Supply te the c | ALFORD E. PHILLIPS SHEPPE | PRD |
| K. S | 15. WAS DECEASED EVER IN U.S. ARMEO FORCEST IS. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates | |
| IN se | (Yes, no, or unk.) (If Yes, give war or dates of service) Mr Mildred Flohr | |
| UNFADING INK. sicians: please wr | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN |
| rAD | IMMEDIATE CAUSE (A) SUB-ACUTE MYOCARDITIS. | 1-2 MONTH |
| INE | ANTECEDENT CAUSE (S) | 1.00 |
| WITH UNFAI | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | |
| H | (C) | |
| ~ 2 | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| PLAINLY lly import | 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 3 | | YES NO X |
| | 21a. ACCIDENT WAS UNDERLYING \(\) 21s. PLACE (Home, farm, factory, OR CONTRIBUTING \(\) CAUSE OF DEATH (FITHER, NOTIFY MEDICAL EXAMINER) (Count of INJURY street, office bldg., etc. (INJURY OCCUR?) | y) (State) |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while | |
| 13. E | O M. at work at work | |
| | 22. I hereby certify that I attended the deceased from, 19, to, 19, that I last | |
| | alive on JUNE, 15, 1955., and that death occurred at 1:35M, from the causes and on the date SIGNATURE | stated above. TE SIGNED |
| SE TYP | 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or | E.28,1955 |
| PLEAS | BENDUAL (SPECIFY) 6/30/55 MEADOWRIDGE | M. |
| PL | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR AND A SON | ADDRESS |

BECEINED

BUREAU V. S.

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| | R WRITE PLAINLY, WITH UNFADING INK. S. |
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VS. A15-10-53

| The | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (5377 CERTIFICATE OF DEATH | 0.0 |
|----------------------------|--|------------------------|
| | 5377 CERTIFICATE OF DEATH Reg. Dist | . No. 3 7 |
| carefully legibly. | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME.) OF DECEASE | D: |
| are | COUNTY WARYLAND STATE HAS COUNTY 3 | VO1-4 |
| | CITY of outside corporate limits, write RURAL LENGTH OF STAY OR and give hearest town) CITY of outside corporate limits, write RURAL (in this place) Town of the corporate limits, write RURAL (in this place) Town of the corporate limits, write RURAL (in this place) Town of the corporate limits, write RURAL (in this place) | and give nearest town) |
| information clearly and | HOSPITAL OR INSTITUTION OR ADDRESS ADD | and I |
| inf | 3. NAME OF First! (Middle) (Last) / 4. DATE (Month) (| Day) (Year) |
| m of death | DECEASED: (Type or Print) DEATH: OF DEATH: VINE | . 2 19555 |
| ite | 5. 9EX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1. Months I (Specify): 48 - yrs. Months I | Pays Hours Min. |
| causes | 10A. USUAL OCCUPATION (Give kind of working life, even if reflect the property): 12. | CITIZEN OF WHAT |
| e cs | 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: | |
| Supply te the c | Cother Continues to | |
| . E | 15. WAS DECEMBED EVER IN U.S. ARMED FORCEST 19. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: | 1 |
| INK se w | (Yes, roo or unk.) (If Yes, give war or dates of service) None days A. School | der |
| reft | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN |
| ADING | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | Court DEATH |
| FA] | IMMEDIATE CAUSE (A) Arteris soleration | 3 you |
| UNF | ANTECEDENT CAUSE (S) DUE TO | |
| | GIVING RISE TO THE ABOVE CAUSE DUE TO | |
| H | STATING UNDERLYING CAUSE LAST. (C) | |
| | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| 1LY | DISEASE OR CONDITION CAUSING DEATH. | |
| | 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| VRINE P | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. OF INJURY street, office bldg., etc. OF INJURY STREET, OF INJURY OCCUR? | (State) |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR? | |
| OR e is | 22. I hereby certify that I attended the deceased from Hor. , 1953 to June 2, 1953 that I last | naw the deceased |
| PE 0 | 1 2 | |
| TY | SIGNATURE DATES DATES | CE SIGNED 6 2 53 |
| AS | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LCCATION (City, town, or REMOVAL (SPECIEX) | county) (State) |
| PLE | June 6/55 xreenmount Cemelory Ballen | re m |
| Д | DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR OF PAUL FL | hester of |

BUREAU V. S.

DECEIVED

Supply every item of information carefully. The

UNFADING INK.

OR WRITE PLAINLY, WITH

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1805377 5378

CERTIFICATE OF DEATH

Reg. Dist. No.

| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|--|
| COUNTY Baltimore MARYLAND | STATE Maryland COUNTY Anne Arundel |
| CITY (If outside corporate limits, write RURAL) LENGTH C | OF STAY CITYII outside corporate limits, write RURAL, and give nearest town |
| OR and give nearest town) TOWN Fort Howard (In this | place OR Town Clan Pumpie |
| HOSPITAL OR | STREET (If rural give location) |
| 50 STREET ADDRESS Veterans Administration | ADDRESS. |
| 3. NAME OF (First) (Middle) DECEASED: CHOOLED | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) GEORGE E. | REMLEIN OF June 26 19 55 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 2. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR 1 HOURS 24 HRS |
| work done during most of working life while Rhpustry: even if retired! Chauffeur | NESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA COUNTRY? Baltimore, Maryland U.S.A. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Sebastian Remlein | Fannie May Jordan |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURIT | |
| Yes, no, or upk.) (If Yes, kive war or dates Yes of service) WW II 219-05-487 | |
| 18. MEDICAL CER | |
| ANTECEDENT CAUSE (S: QUEXXX INSU | ZIMIO |
| STATING UNDERLYING CAUSE LAST. (C) | IC RHEUMATIC ENDOCARDITIS UNKNOWN |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH. | |
| 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OP | PERATION 20. AUTOPSY? YES NO 1 |
| 21A. ACCIDENT WAS UNDERLYING OF LIBERT CHOME, I OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, off (IF EITHER, NOTIFY MEDICAL EXAMINER) | farm, factory. 21c. WHERE DID (City or town) (County) (State) The bldg., etc. |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OC While Not vat work at work | while |
| 22. I hereby certify that Kattended the deceased from | April 4, 1955, to June 26, 1955, t GEXTONIA COM THE CONTRACT |
| | arred at 5:03AM, from the causes and on the date stated above. ADDRESS DATE SIGNED |
| WILLIAM B. VANDEGRIFT, M.D. | M. D. VAH. FORT HOWARD, MARYLAND 6_27_55 |
| 23. BURIAL, CREMATION. DATE THEREOF NAME OF | M. D. VAH, FORT HOWARD, MARYLAND 6-27-55 CEMETERY OR CREMATORY LOCATION (City, town, or county) (State |
| | more National Cemetery Baltimore, Maryland |
| REGISTRAR 126/55 www.teauch tel | Wm. Cook-Blight, Inc. 6009 Harford Rd. |

the first and an account my lide day to be a few they have LEGIS SOLUTION THE REPORT OF THE PERSON OF TH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 379 | CERTIFICATE | \mathbf{OF} | DEAT |
|-----|-------------|---------------|------|

| 5379 | CERTIFICAT | E OF DEAT | H Reg. | Dist. No. |
|--|--|----------------------|--------------------------------|--------------------------|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDE | NCE (HOME) OF DECE | ASED: |
| COUNTY Baltimore | MARYLAND | STATE MC | county | |
| CITY (If outside corporate limits, write R and give nearest town) Lutherville | | CITY(If outside co | | AL and give nearest town |
| % HOSPITAL OR INSTITUTION OR STREET ADDRESS College Mano | r | STREET ADDRESS 35 | ol St. Paul St | |
| 3. NAME OF (First) DECEASED: (Type or Print) ROBERT | (Middle) | (Last) HODES | 4. DATE (Month) OF DEATH: June | (Day) (Year) 19 19 55 |
| 5. SEX: 6. COLOR OR 7. SINGLE. WIDOWE White (Specify) | D. DIVORCED. | of BIRTH: 9 | AGE last birthday IF UND Month | |
| 10A. USUAL OCCUPATION (Give kind of 10s work done during most of working life, even if retired) Asst. Cenl. Agt. | or industry: Insurance | N. C. | tate or foreign country): | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME: | | 14. MOTHER'S MA | IDEN NAME: | |
| Simeon Rhodes | | Eugenia Sne | ell | |
| (YPS, no, or unk.) (If Yes, give war or dates of service) | 217-03-3561 | 17. INFORMANT & | | |
| 7 | 8. MEDICAL CERTIFICA | TION | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY | LEADING TO DEATH | | | ONSET AND CEATH |
| 157 MMEDIATE CAUSE | (A) Carcino | ms et bsuc | 4435 | 6 mos |
| DISEASES OR CONDITIONS, IF ANY, | (B) | | | |
| | (C) | | | |
| II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DE | THE (State) | d Artenoscher | sis severe | years |
| 19a. DATE OF OPERATION: 19B. MAJOR | FINDINGS OF OPERATIO | ON . | | 20. AUTOPSY? YES NO V |
| 21A. ACCIDENT WAS UNDERLYING 21I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) | B. PLACE (Home, farm, fa INJURY street, office bldg | ctory. 21c. WHERE DI | | County) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRE While Not while at work | | | |
| 22. I hereby certify that I attended the alive on June 15, 1955, and SIGNATURE | that death occurred a | | causes and on the d | |
| 23. BURIAL CREMATION, DATE THERECORDS Burial 6/21/55 | | TERY OR CREMATORY | Pikesville. | |

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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VS. A15-

The state of the s THE REPORT OF THE PROPERTY OF

5276

CERTIFICATE OF DEATH

eg. Dist. No. 41

| | FOR MEDICAL | EXAMINERS | Reg. Die | st. No |
|---|--|--------------------------------|---|---|
| 1. PLACE OF DEATH | | CTATE | (HOME) OF DECEASED. | DUNTY |
| 1 sa cumora | MARYLAND | IVINEY | LAND | |
| CITY (If outside corporate limits, write RUF | RAL and LENGTH OF STAY (in this place) | OR - | orate limits, write RURAL s | |
| 3 OR give nearest town Duulant | | OFFER | MORE | 3 VO 1-4 |
| HOSPITAL OR INSTITUTION OR V900 DUI | VRAN RIAD | STREET ADDRESS 421 | (If rural, give locat 7 SHELDO | |
| 3. NAME OF DECEASED (Type or Print) RUSSELL | (Middle) | RILEY, SR | 4. DATE (Mont) | |
| 5. SEX 6. COLOR OR RACE WH17E | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 3. DATE OF BIRTH JAN 12. 1899 | 56 yrs. M | under f year onths Days If under 24 hri |
| 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME | 1 10h Kinn or Russings on | 11. BIRTHPLACE (State | s or foreign cowntry) | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME | 1 AO 1 0 10 OB1 CES | MARY LA | EN NAME | |
| WILLIAM RILEY | | | FRHARDT | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCE | H? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND | | |
| (Yes, no, or unknown) (If yes, give war or dates | 216-09-8410 | MRJ. HELER | 1 RILEY 4/21 | 7 SHELDON |
| | 18. MEDICAL CE | RTIFICATION | | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY | LEADING TO DEATH | | | ONSET AND DEATE |
| 1/201 | Mou. C | e eluqui | | 16 M w/ |
| 420,/Immediate cause (a) | to wary | 1 | ************************************** | |
| Antecedent cause(s) | my cardete, | Chroni | | - |
| Diseases or conditions, if any, (b) | Try & Carracia, | Civarac | *************************************** | *************** |
| stating the underlying cause last | | | | |
| (r) | | | | |
| OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing des | ath. | | | |
| 19a. DATE OF OPERATION 194. MAJOR | FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| | 9 | | | Yes Ng |
| PRIMARY OR CONTRIBUTING A OF CAUSE OF DEATH. | ACE (Home farm, factory, street, office hidg., etc.) | (CITY OF | R TOWN) (COL | JNTY) (STATE) 17 |
| TIME (Month) (Day) (Year) (Mour) | INJURY OCCURRED While at Not while | HOW DID INJURY | OCCUR? | |
| INJURY m. | work at work | | | |
| 22 'I certify that I took charge of the rom | ains described above held an | Autoney [] Inspection | Inquiry [7] Haven | and from the evidence |
| 22. I certify that I took charge of the rem obtained by said Autopsy, Inspection | or Inquiry, find that said dece | eased died on the day ste | ited above, and death in | my opinion resulted |
| from: natural causes accident | , suicide , homicide , | undetermined . | | / |
| SIGNATURE | (Degree or titie) | ADDRESS | . h 1 | 6 DATE SIGNED |
| 11/192 aus ms | Well the sa | u- Dundan | K-11.119- | 127/1 |
| 23. BURIAL, CREMATION DATE THERE | | | LOCATION (City, town, o | county) (State) |
| BURIAC Specify) JUNE 27 | 1985 BALTIMOR | E NATIONAL | BALTIMOR | E MD |
| DATE REC'D BY LOCAL REGISTRAR'S | SIGNATURE | 24. FUNERAL DIREC | ror | ADDRESS |
| REG. 6-24-55 Q. W | Ked in | ULLRICH F | UNERAL HOM | IE 4210 BELAIR |

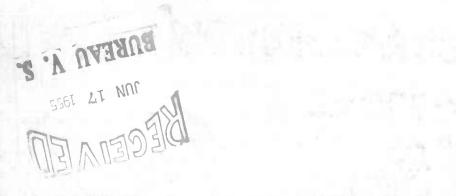
VS. A15A

The correct age

NIARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05.380

| 5380 CERTIFICATI | E OF DEATH Reg. Dist | . No. |
|---|---|----------------------|
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| COUNTY Bulling Le MARYLAND | STATE MA COUNTY BA | Plinon |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY(If outside corporate limits, write RURAL a | no give nearest town |
| OR and give nearest town) (in this place) TOWN (Illustral) 2,8 mms. | TOWN Stealenson | × |
| HOSPITAL OR | STREET (If rural give location) | V |
| MINSTITUTION OR STREET ADDRESS THE PART | ADDRESS TIME Par | 2-8 |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (| Day) (Year) |
| (Type or Print) WILBUR WASHINGTON | RINEHEART DEATH: QUI | ul 10.1955 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, B. DATE BAGE: WIDOWED, DIVORCED, | OF BIRTH: 9. AGE last birthday IF UNDER 1 | EAR IF UNDER 24 HRS. |
| Male White Trinkned 21/ | 2,2/1887 68 yrs. Months I | ays Hours Min. |
| OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS wor), done during most of working life, OR INOUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHA |
| everythereised my hand Hen Harning | is finederick Co. | 711. 2.10 |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Jessel P. Rinehlast | Clara Breno | le_ |
| 18. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Steriff | soons m |
| (Yes, no, of unk.) (If Yes, give war or dates of service) | A Mos Sattre 7/ Rivel | und- |
| 18. MEDICAL CERTIFICA | TION EV | INTERVAL BETWEE |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 1 | ONSET AND DEAT |
| 15 IMMEDIATE CAUSE (A) | exastatic Ca. of Liver | 3 minu |
| ANTECEDENT CAUSE (8) | 0 01 1 | Δ |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO | (a. of Klankach | 1 mous |
| STATING UNDERLYING CAUSE LAST. | | |
| (C) | // | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | |
| OISEASE OR CONDITION CAUSING DEATH | IN . | |
| () - 10-11 0 - all all - | | YES NO NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac | | |
| OR CONTRIBUTING CAUSE OF OEATH OF INJURY street, office bldg. | , etc. INJURY OCCUR? | ty) (State) |
| 21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURREI OF NJURY While Not while | D 21F. HOW OIO INJURY OCCUR? | |
| M. at work at work | | |
| 22. I hereby certify that I attended the deceased from Nov. | | |
| alive on June 18 19 20, and that death occurred at | M, from the causes and on the date | stated above. |
| SIGNATURE | ADDRESS' OF DAT | TE SIGNED |
| | ERY OR CREMATORY LOCATION (Oil), town, or | obunty) (State |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET | ERT OR CREMATORY TO COLOR TOWN OF | Jounty State |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR | AODRESS) |
| REGISTRAR 11 (ALL 10 month, A. Moscoll) | | manille |



MARYLAND STATE DEPARTMENT OF HEALTH

5282

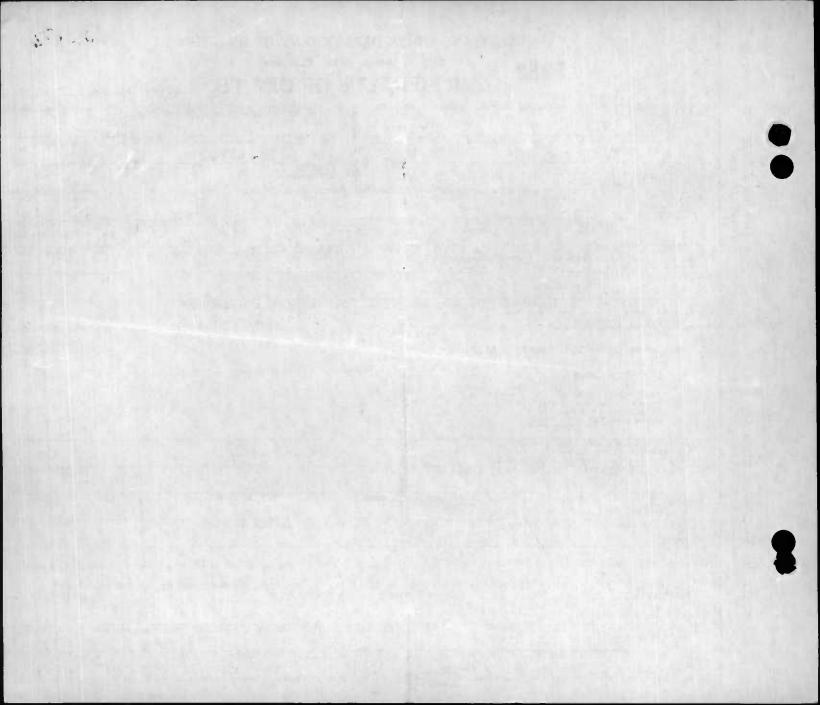
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

| | | | | 208. 2100 | |
|---|--|--|----------------------|------------------------------------|---|
| | altimore | MARYLAND | 2. USUAL RESIDENCE (| Reli | Imore |
| OR glvo nearest | rporate limits, write RURA town) | AL and LENGTH OF STAY (in this place) | 11 1116 | ate limits, write RURAL and thorpe | give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRES | s 5627 Ashbo | urne Road | STREET ADDRESS 5627 | Ashbourne Ro | ad / |
| 3. NAME OF | (First) | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year) |
| (Type or Print) | Byron | Renord | Risley | DEATH June | 28, 1955 |
| Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Nai'r 100 | Jan. 8, 1896 | 9. AGE last birthday If un | der I year If under 24 hrs. the Days Hours Min. |
| Roce during most of w | TION (Give kind of work printing life, even if retired). | 10b. KIND OF BUSINESS OR INDUSTRY | N.J. | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAMI | | | 14. MOTHER'S MAIDEN | NAME | |
| Byron J. | . Risley | | Louise Sooy | | |
| | ER IN U.S. ARMED FORCES | | | ADDRESS | |
| Ves (no, or unknown) | (If yes, give war or dates o service) | 1216-32-3782 | Mrs. Etta Ris | ley 5627 Ashb | ourne Rd. |
| | | 18. MEDICAL CE | RTIFICATION | | INTERVAL BETWEEN |
| giving rise to | t cause(s) onditions, if any, the above cause derlying cause last (c) | | | <i>V</i> | <u> </u> |
| 11. OTHER SIGNIFIC Conditions contribute related to the disease | CANT CONDITIONS ling to the desth but not e or condition causing deatl | n. Rhemato | id arthrite | io | 5 ype. |
| 19a. DATE OF OPER | LATION 19b. MAJOR F | INDINGS OF OPERATION | | | 20. AUTOPSY? |
| 0 | | | | | Yes No No |
| 21. ACCIDENT SUICIDE HOMICIDE | (Specify) PLAC OF INJU | CE (Home, farm, factory, street, office bldg., etc.) RY | (CITY OR | rown) (COUN | TY) (STATE) |
| TIME (Month) OF INJURY | (Day) (Year) (Hour) m. | INJURY OCCURRED While at Not While Work At work | HOW DID INJURY OC | CUR? | |
| 22. I hereby certif | y that I attended the | deceased from Dec | , 1954, to June | , 1955, that I las | t saw the deceased |
| alive on SIGNATURE | 127, 1955, and | d that death occurred at | ADDRESS | . / / / | stated above. |
| 23. BURIAL, CREMA REMOVAL (Specie | | C | | LOCATION (City, town, or co | ounty) (State) |
| DATE REC'D BY I | | | 24. FUNERAL DIRECTO | Woodlawn, | ADDRESS |
| REG. | (T+ M) | 1 tedans | G. Howard Str | | 4 8 4 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



CERTIFICATE OF DEATH

Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

WITH UNFADING INK.

OR WRITE PLAINLY,

PLEASE TYPE

VS. A15-10-53

RE, 18 05382 Reg. Dist. No.

| 5381 | Neg. Dist. No. |
|--|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY Baltimore MARYLAND | STATE Maryland COUNTY |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL and give nearest town) |
| OR and give nearest town) (in this place) TOWN Fort Howard 40 days | Town Baltimore |
| HOSPITAL OR 40 days | 0.01/9 |
| MAINSTITUTION OR | STREET (If rural give location) |
| OSTREET ADDRESS Veterans Administration Hospi | al ADDRESS 2409 Montebello Terrace |
| 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) BENJAMIN ROI | BERTS OF DEATH: June 15 1955 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED, | OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | /15/95 60 yrs. Months Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT |
| work done during most of working life. OR INDUSTRY: even if retired): Janitor Store | COUNTRY? |
| 13. FATHER'S NAME: | Baltimore, Maryland U.S.A. |
| | |
| Henry Roberts | Hester Roberts |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, kive war or dates | 17. INFORMANT & ADDRESS; |
| Yes of service) WW I 218-09-8508 | Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md. |
| ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE | UPPER LOBE RIGHT LUNG; S TO LEFT OCCIPITAL LOBE UNKNOWN |
| STATING UNDERLYING CAUSE LAST. | |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | |
| 198. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES NO |
| 21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1) EITHER, NOTIFY MEDICAL EXAMINER) | tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR? |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that Whattended the deceased from May 6 | 19 55. toJune 15 . 19 55. 10000000000000000000000000000000000 |
| mbrecopposition of that death occurred at | |
| SIGNATURE | ADDRESS DATE SIGNED |
| WILLIAM B. VANDEGRIFT, M.D. | VAH, FORT HOWARD, MD. 6-16-55 |
| 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE | ERY OR CREMATORY LOCATION (City, town, or county) (State) |
| REMOVAL (SPECIFY) | |
| Burial June 20,1955BALTIMORE I | |
| REGISTRAR REGISTRAR'S SIGNATURE | Arlington S. Phillips Funeral Homes |
| | Baltimore 17. Md. 1808 N. Morroe St. |

Chicken Committee Carlot and Carlot

MARYLAND STATE DEPARTMENT OF HEALTH

5382

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

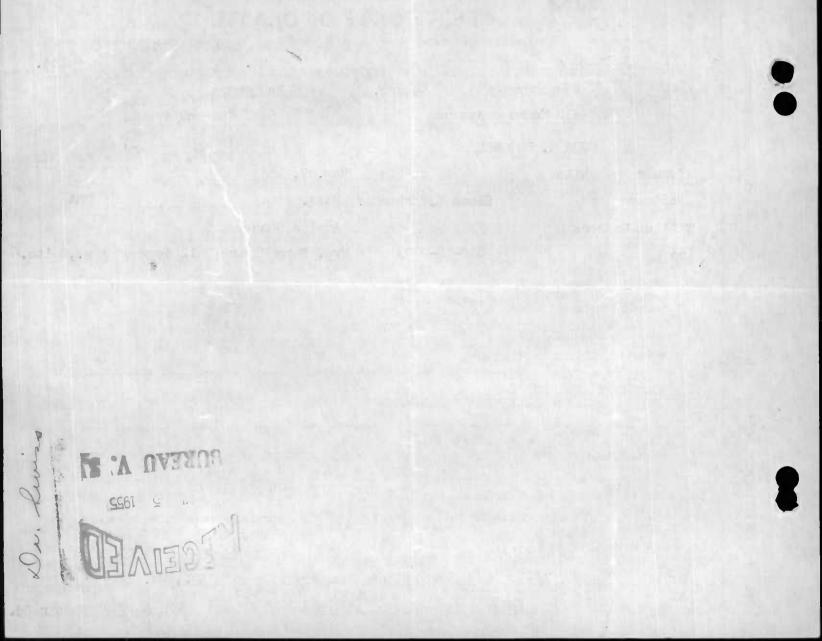
Reg. Dist. No

| 1. PLACE OF DEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY | 7 |
|---|--|-------------------------------------|
| Baltimore Maryland | Md. | Balto. |
| OR give nearest town (in this place) | CITY (If outside corporate limits, write RURAL and giv | e nearest town) |
| X TOWN Raspeburg 10 yrs. | Town Raspehurg | X |
| HOSPITAL OR INSTITUTION OR | STREET (If rural, give location) | , |
| STREET ADDRESS 5512 Kenwood Avenue | ADDRESS 5512 Kenwood Avenue | |
| 3. NAME OF (First) (Middle) DECEASED | (Last) 4. DATE (Month) OF | (Day) (Year) |
| (Type or Print) CORA M. RODGERS 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | 8. DATE OF BIRTH 9. AGE last birthday If under | 19 19,5 |
| female white WIDOWED, DIVORCED, (Specify) single | Mar. 9, 1883 72 yrs. Months | Days Hours Min. |
| the USUAL OCCUPATION (Circ lind of reals 10h Wayn on Busyings on | 11. BIRTHPLACE (State or foreign country) 12 | CITIZEN OF WHAT |
| done during most of working life, even if retired) Waitress Waitress Waitress | Mass. | COLDUNA Y? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| William Rodgers | Amelia Shaney | |
| William Rodgers 15. Was Decrased Ever in U.S. Armed Forces? 16. Social Security No. | 17. INFORMANT AND ADDRESS | |
| (Yes, no, or unknown) (If yes, give war or dates of 216-18-0003 | Mrs. Emma Ulrich, 5512 Kenwood A | ve. Balto.6 |
| 18. MEDICAL CER | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN |
| V | in all in | ONSET AND DEATH |
| Immediate cause (a) Wicoma | , right thigh | 1 cm. |
| Immediate cause | · · · · · · · · · · · · · · · · · · · | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | | |
| related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF INJURY m. While at Not While Work At work | | |
| 22. I hereby certify that I attended the deceased from way 27 alive on 1925, and that death occurred at 9 SIGNATURE (Degree or title) | ADDRESS Below R. Bueb b. Le | ated above. DATE SIGNED LUCE 30163 |
| 23. BURIAL, CREMATION OF THE THEREOF NAME OF CEMETER REMOVAL (Specify) 01/2/55 Loudon Park | Cemetery Balto., Md. | 0 |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| July 1. 19:01 m. 10. D. Versnily | Lassahn Tunual Home 7/10 | 1 Belair Rd. |
| 7) | | |

PLEASE WRITE PLAINLY, WITH-UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



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especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18% 05384

| | OEKIIFICAII | Reg. Dist. | No. 500 | | | | |
|--------------|--|--|-----------------------|--|--|--|--|
| ×. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED | : , | | | | |
| legibi | COUNTY Balto . MARYLAND | STATE Md. COUNTY | Bankarah | | | | |
| | CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL as | nd give nearest town) | | | | |
| and | OR and give nearest town) Catonsville (in this place) | TOWN Catonsville | 52 | | | | |
| clearly and | HOSPITAL OR Paradise Nursing Home | STREET (If rural give location) | | | | | |
| cle | Paradise and Altamone Aves | The state of the s | | | | | |
| | DECEASED: | DOGGE OF | (Year) | | | | |
| death | (Type or Print) DIANA VIOLA 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | ROGGE DEATH: June OF BIRTH: 9. AGE last birthday IF UNDER 1 Y | 30, 19 55 | | | | |
| of | RACE: WIDOWED, DIVORCED. | 2, 1889 66 yrs. Months D | ays Hours Min. | | | | |
| causes | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: | 11, BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT | | | | |
| can | even if retired): clerk - rtd | Virginia | COUNTRY? | | | | |
| the | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | | | | |
| د | Peter Vietsch | Martha Paxton | | | | | |
| rit | 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | | | | | |
| please write | (Yes, no, or unk.) (If Yes, give war or dates of service) | Mrs. Sadie Nimmo - 12 S. Pros | spect Ave. | | | | |
| lea | 18. MEDICAL CERTIFICAT | INTERVAL BETWEEN | | | | | |
| Д | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | | | |
| 55 | IMMEDIATE CAUSE (A) UKEMIA | | | | | | |
| Physicians: | ANTECEDENT CAUSE (S) | | | | | | |
| hys | DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO | | | | | | |
| | STATING UNDERLYING CAUSE LAST. (C) | na bladaore è nevastisa | 10 cigars | | | | |
| int | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | THE VIEW CE CANDINA | 10 Class | | | | |
| important. | TO THE DEATH BUT NOT RELATED TO THE | | U | | | | |
| ubc | DISEASE OR CONDITION CAUSING DEATH | | | | | | |
| | 1 1947 Carcinoma bladder | | | | | | |
| especially | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) | | | | | | |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | | | | | |
| 3 | | | | | | | |
| age | 2. I hereby certify that I attended the deceased from 6-27, 1955, to 6-20, 1955, that I last saw the deceased | | | | | | |
| | alive on 6.29, 1955, and that death occurred at 7 PM, from the causes and on the date stated above. | | | | | | |
| rec | SIGNATURE DATE SIGNI | | | | | | |
| correct | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE | ERY OR CREMATORY LOCATION (City, town, or | | | | | |
| | REMOVAL (SPECIFY) | | | | | | |
| | Burial 7/4/55 Loudon Park | Balto. Md. | PADDRÉSS | | | | |
| | REGISTRAR - 5 9/W Acque | Jan. A. Vickned & Sous & | ballos7. | | | | |

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carefully. legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: MARYLAND STATE COUNTY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give of information and and give nearest town (in this place) OR TOWN TOWN HOSPITAL OR STREET (If rural give location)/ clearly ADDRESS STREET ADDRESS 501 (First) (Middle) (Last) 3. NAME OF DATE (Day) (Year) death DECEASED (Type or Print) DEATH: BIRTH: COLOR OR SINGLE, MARRIED 9. AGE last birthday IF UNDER 24 HRS WIDOWED, DIVORCED, of Months Days Hours every causes 10A. USUAL OCCUPATION (Give kind of 10B. OF BUSINESS (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY COUNTRY? even if fetired); 13. FATHER'S NAME: Supply MAIDEN NAME the write nown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY NO. (Yes, not or unk.) (If Yes, give war or dates please of service UNFADING 18. MEDICAL CERTIFICA DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AINLY, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES T NO [PL. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bldg., etc. WRITE INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while While OF INJURY at work at work 02 2 22. I hereby certify that I attended the deceased from Man 1, 1955, to June 2, 1955, that I last saw the deceased 0 TYPE and that death occurred at 6 , 50/M, from the causes and on the date stated above. alive on ADDRESS SIGNATURE DATE SIGNED SE (City, town, or county BURIAL, CREMATION. EMOVAL LEA DATE REC'D BY LOCAL REGISTBAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

Reg. Dist. No.

BUREAU V. S.
JUN 13 1955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

| I. PLACE OF DEATH- COUNTY | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY |
|---|--|
| 10alto MARYLAND | no Balto |
| OR give nearest town) (in this place) | CITY (If outside corporate limits, write RURAL, and give nearest town) |
| TOWN give nearest (wm) // - r f - M. (in this place) | TOWN Fullerton |
| HOSPITAL OR | STREET (If rural, give location) |
| INSTITUTION OR STREET ADDRESS 478 A. Ridge Rd | ADDRESS 474 D R dca Pd |
| 3. NAME OF (First) (Middle) | (Last) (4. DATE (Month) (Day) (Year) |
| DECEASED | J OF |
| (Type or Print) () () () () () () () () () (| 1955 DEATH JUNE 13 1955 |
| | DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Months Days Hours Min. |
| male white WIDOWED, DIVORCED, (Specify) Single | 101a1 3. 17331 2 (New KIR) |
| 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Busiyass or done during most of working life, even if ratired) INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| WALFALY THEORY | Balto C.ts nd COUNTRY? G |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Anthone C Rougha | Batty DE |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
| (Yes, no, or unknown) (If yes, give war or dates of service) | 11 1/1 D / D / D / D / D / D / D / D / D |
| | MY MNTHONEY (. ROJUHN RIDGE NO |
| 18. MEDICAL CE | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONGET AND DEATH |
| e to love | 4 1 |
| Immediate cause (a) Linguista Andreas | aluse |
| 154 Antecedent cause(s) | . + 1 1 |
| Diseases or conditions, if any, (b) | ely atema c trusfaction 2 weeks |
| giving rise to the above cause | |
| stating the underlying cause last | |
| (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | |
| related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | Yes No No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, | (CITY OR TOWN) (COUNTY) (STATE) |
| SUICIDE OF office bldg., etc.) HOMICIDE INJURY | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? |
| OF While at Not While | |
| INJURY m. Work At work | |
| 22. I hereby certify that I attended the deceased from may 31 | , 1955, to hay 9th, 1955, that I last saw the deceased |
| | |
| alive on 19 and that death occurred at | ADDRESS from the causes and on the date stated above. |
| SIGNATURE (Degree or title) | ADDRESS DATE SIGNED |
| autou tothe a use to | to I troop Rolling 6/12/10-T |
| many 12 man 1009 st | 1000 - 1000 L - 0/13/19/5 |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER | RY OR CREMATORY LOCATION (City, town, or county) (State) |
| 1347, 4/14/33/197KW | ood Can Balla and |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
| REG. June 14 1800 / W. Hadrech | freel of wellow 740/101: 21 |
| - 11/15 6-11 Well war | the land the state of a |
| 2055282413 | |
| | |

fully. The correct age

UNFADING INK. Supply every item of information carefully. t. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

S. A15

PLEASE WRITE PLAINLY is especially

Dr. Perlman 11095+ Paul 5t. Trect

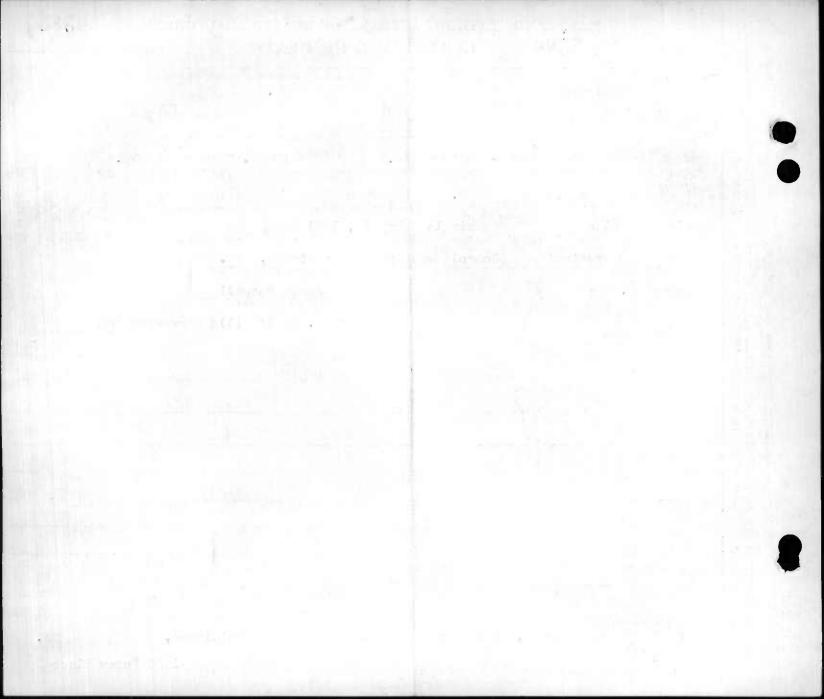
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5386 CERTIFICATE OF DEATH

Reg. Dist. No.....

05387

| 1. PLACE OF | DEATH: | | | | 2. USUAL RESIDEN | CE (HOME) OF D | ECEASED: | | |
|-----------------------------------|--|-----------------------------|-------------------------------|---------------|-------------------|---------------------|---------------------|----------------|--------|
| county Baltimore MARYLAND | | | | STATE Md. | COUNTY | | | | |
| CITY (If | outside corporate limit | ts, write RURAL | LENGTH | OF STAY | | | A- DITPAY | and the person | town) |
| 55 TOWN | give nearest town) | | (in this | place) | | orporate limits, wr | ite RURALI s | 3Vol | - if. |
| HOSPITAL INSTITUT | ION OR | | | | STREET | | , give location | | |
| STREET A | DDRESS Mercy | Villa - Be | llona A | ve. | ADDRESS 106 | W. Univers | ity Pky | • | V |
| 3. NAME OF DECEASE | (First) | 0 | Middle) | | (Last) | | Ionth) (D | (Year) | |
| (Type or P | | | B. | Ry | an | OF DEATH: J | une 5 | 19 5 | 5 |
| 5. SEX: | 6. COLOR OR | 7. SINGLE, MAR | | | OF BIRTH: | 9. AGE last birthd | | | |
| Female | RACE: white | WIDOWED, D (Specify): S | ingle | May 1 | 6, 1871 | 84 | Months | | Min. |
| 10a. USUAL | OCCUPATION (Give | kind of 10b. K | IND OF BU | SINESS OF | 11. BIRTHPLACE | (State or foreigu c | ountry): | 12. CITIZEN O | FWHAT |
| even if r | etired): retired | Scho | ol Teac | her | Baltimore, | Md. | | COUNTRI | • |
| I3. FATHER' | | | | | 14. MOTHER'S MAIL | | | | |
| Robert | S. Ryan | | | | Annie Bo | swell | | | |
| IS. WAS DECE. | ASED EVER IN U.S. ARME | D FORCES 7 16. Soc | JAL SECURITY | No.: 17. | INFORMANT & ADD | RESS: | | | |
| (1es, no, or un | service) | r dates of | | Ro | bert B. Gould | 1 1118 Ste | venson : | Lane | |
| + | | | 18. N | MEDICAL C | ERTIFICATION | | | I | |
| Diseases of | dent cause(s) | (b) OUE TO | | | <i>V</i> | | >>> | | |
| | | (c) | N | | | | | | |
| Conditions | IGNIFICANT CONDI- contributing to the de the disease or conditio | ath but not | | | | | | | |
| | F OPERATION: 19b | | GS OF OPE | RATION: | | | | 20. AUTOF | SY? |
| | 0 | | | | | | | Yes 🗆 | No No |
| 21. ACCIDEN SUICIDE HOMICID | , , , | PLACE (Hor OF office INJURY | ne, farm, fac bldg., etc.) | tory, street, | (CITY OR TOW | (C) | OUNTY) | (STATE) | |
| | onth) (Day) (Year) | (Hour) INJU While | | hile | HOW DID INJURY | OCCUR? | | | |
| | | M. worl | | | - 1050 14 | | (1 (7) | (3 3 | |
| | oy certify that I at | | death occu | rred at | | | | | ve. |
| Cha | utt | 1 een | M | 0 | | | | | |
| | | E THEREOF | NAME OF | CEMETER | Y OR CREMATORY | LOCATION (C | ity, town, or | county) (| State) |
| BUFILI | L (Specify): Jun | e 7, 1955 | Green | Mount | Thus. | Baltimore | θ, | M | d. |
| DATE REC' | D BY LOCAL REGI | STRAR'S SIGNAT | TURE | | 21. FUNERAL DIRE | CTOR | | ADDRE | |
| | / <u>/</u> | | The same | 7 | Will Oll Manual | 19/11/// | | - 4400 | |



M

77 STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg.0,5,388 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| MEDICAL | EXAMINER'S | CERT | TIFICATE | OF | DEATH | No. 41 |
|---|--|------------------|---|----------------------|---|--|
| 1. PLACE OF DEATH: | | | 2. USUAL RESIDENC | E (HOME) | OF DECEASED: | |
| COUNTY Baltin | mary mary | LAND | STATE Md. | cor | NTY Baltin | nore |
| CITY (If outside corporate | | H OF STAY | CITY (If outside co | | | and give nearest town) |
| OR and give nearest to | ONDALK 3a | this place) | or Town Dunc | dalk, M | a. | 53 |
| HOSPITAL OR | The | | STREET | (If | rural, give location | n) / |
| INSTITUTION OR STREET ADDRESS | 14 S. 50 Th. ST. | | ADDRESS 824 | 4 S. 50 | St. | |
| 3. NAME OF (F | First) (Middle) | | (Last) | 4. DATE | (Month) (I | Day) (Year) |
| DECEASED: (Type or Print) JOSE] | PH — | S | ACCHETTI | DEATH | June 2 | 28. 1955 |
| 5. SEX: 6. COLOR RACE: | WIDOWED, DIVORCI | ED. | OF BIRTH: 9. | AGE last b | irthday: IF UNOER Months | 1 YEAR IF UNDER 24 HRS. Days Hours Min. |
| Male White | (Give kind of 10b. KIND OF I | | LI PIDTUDI ACE | 53 | yrs. | |
| 10a. USUAL OCCUPATION work done during moseven if retired): | t of work life. INDUSTRY | | II. BIRTHPLACE | PLY | oreign country): | COUNTRY? |
| 13. FATHER'S NAME: | | | 14. MOTHER'S MAID | EN NAME: | | |
| ANGE | LO SACCHETT | 1 | (v | NKOWN |) | |
| 15. WAS DECEASEO EVER IN I | | URITY No.: 1 | 7. INFORMANT & AD | DRESS: | 1703 BE | THLEHEM AVE |
| No service) | 213-07- | 5715 K | VDOLPH A. SAC | CHESTI | - DUNDA | ack dained |
| | | | L CERTIFICATION | | | INTERVAL BETWEEN |
| I. DISEASES OR CONDITION | ONS DIRECTLY LEADING TO DE | EATH: | | | | ONSET AND DEATH |
| Immediate cause | (a) Exsanguin | ation | ••••••••••••••••••••••••••••••••••••••• | •••••• | *************************************** | |
| Antecedent cause(s) | 20210 | self infl | licted wounds | of wri | ate and has | 20 |
| Diseases or conditions, i | | SCTI TIII | LLCCEU WOULIGE | OI WIL | SOD GIG IICC | |
| stating underlying caus | se last | | | | | |
| | CONDITIONS CONTRIBUTING | | | | | |
| TO THE DEATH BUT | NOT RELATED TO THE ON CAUSING DEATH. | | | | | |
| | N: 19b. MAJOR FINDING OF OF | | | | | 20. AUTOPSY? |
| 2 | | | | | | Yes X No 🗆 |
| 21a. EXTERNAL CAUSE W | AS 21b. PLACE (Home, of street, of | farm, factory, | 21c. (City or town | | (County) | (State) |
| PRIMARY Tor CONTRIB CAUSE OF DEATH. | | ice bldg., etc., | Dundalk | | altimore | Md. |
| 21d. TIME (Month) (Day) OF | While at | Not while | 21f. HOW DID IN | | | |
| INJURY 6/28/55 | M. work | at work | Cut wrists | | | |
| | at I took charge of the remulated from: Natural causes | | | | | |
| SIGNATURE | nited from: Natural causes | i, Accide | CHIEF | MEDICAL | EXAMINER [| TX DATE SIGNED |
| 13 | Hishen | | M. D. DEPUTY | MEDICAL ANT MEDIC | EXAMINER (| 6/29/55 |
| 23. BURIAL, CREMATION, REMOVAL (Specify): | B-1-1955 NAME OF | LAN | OR CREMATORY | BAL | N (City, town, or | county) (State) |
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | K ON | 24, FUNERAL DIRE | CTOR | 6 011 | ADDRESS |
| June 30 -175) | William M | Celly 1 | TOUR TOURS | season, | Turker Genel | Hundre, Mills. |
| 1// | | 1 / | | | | |

DECENA EU

BUREAU V. S.

BUREAU V. S.

SGGT DT NOT

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No. 4 |
|---------|------------|-------------|----|-------|-------|
| | | | | | |

| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|
| COUNTY Jallo MARYLAND | STATE Med COUNTY Balls |
| OR and give nearest town (in this place) | Y CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Halllande 51 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 4601 Rehbaum (W | STREET ADDRESS 4601 (It) rural, give location) |
| 3. NAME OF DECEASED: (First) (Middle) Sch | (Last) 4. DATE (Month) (Day) (Year) OF DEATH Muce 16 1955 |
| 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Surger 1. | July 3/892 62 yrs. Months Days Hours Min. |
| work done diving most of work life, even if refred autocean leaves of the leaves of th | OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA COUNTRY'S COUNTRY'S |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: Yes, no, qu'unk.) (If Yes, give war or dates of | 13. INFORMANT & ADDRESSIA. |
| service) | Mis Kalherne M Schnelyen |
| | CAL CERTIFICATION 8 16 Wash DUNG INTERVAL BETWEE |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | ONSET AND DRATE |
| 911 Sell int | licled mound by |
| Immediate cause (a) | 110 |
| Antecedent cause(s) | at will so sullede |
| Diseases or conditions, if any, (b) | me me may wo |
| giving rise to the above cause DUE TO | 1 |
| stating underlying cause last (c) | Miliciae |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes 🗆 No 🗗 |
| 21s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factor OF street, office bldg., et INJURY | |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while NJURY M. Work ☐ at work ☐ | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I took charge of the remains descr | ribed above, held an Autopsy 🗌, Inspection 🔲, Inquiry 🖼, ar |
| find that death resulted from: Natural causes \(\square\) Acc | cident [], Suicide [], Homicide [], Undetermined cause [|
| | CHIEF MEDICAL EXAMINER DATE SIGNED |
| Les milieffer | M. D. DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify): | ERY OR CREMATORY LOCATION (City, town, or county) (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | A. LUNERAL DIRECTOR 210/ADDRESS |
| 100-1-10-1 | The state of the s |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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9361 00 NAS

BUREAU V. S.

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CERTIFICATE OF DEATH

Reg. Dist. No.

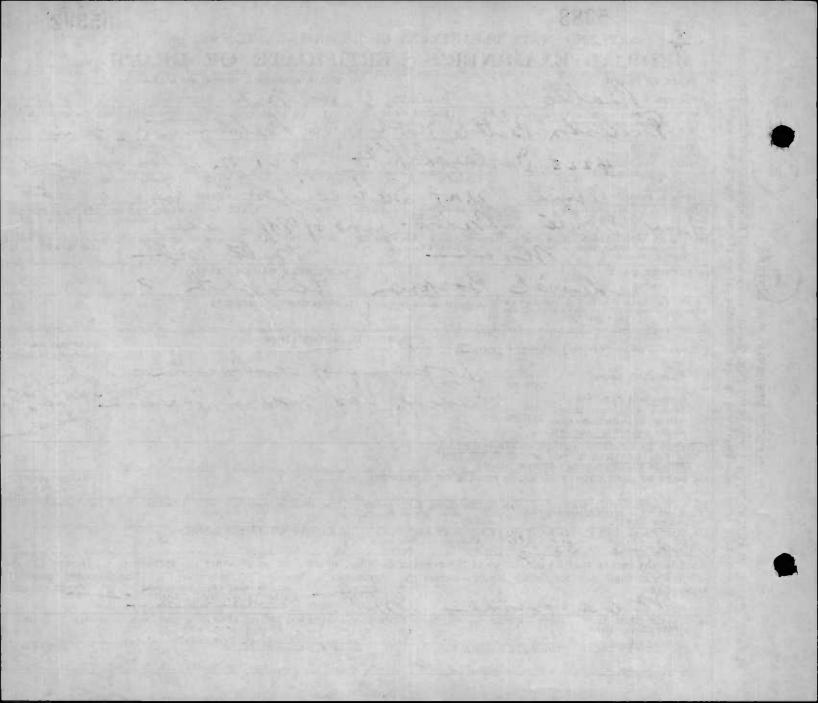
| 1. PLACE OF DEATHOOD Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNT Maryland | Baltimore |
|---|--|---|
| CTTY (If outside corporate limits, write RURAL and OR give nearest town) Towson (in this place) | CITY (If outside corporate limits, write RURAL and give OR TOWN TOWSON | ve nearest town) |
| HOSPITAL OR INSTITUTION OR 6700 Canongate Road | STREET (If rural, give location) ADDRESS 6700 Canongate Road | |
| 3. NAME OF (First) (Middle) DECEASED (Type or Print) Mr. George Henri Schmidt | (Last) 4. DATE (Month) OF June | (Day) (Year) 5th 1955 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH 9. AGE last birthday If under Months. | 1 year If under 24 hrs. Days Hours Mln. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry Teacher | 11. BIRTHPLACE (State or foreign country) | 2. CITIZEN OF WHAT COUNTRY? USA |
| Mr. George J. Schmidt | 14. MOTHER'S MAIDEN NAME Ida Schultz | |
| 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, nowor unknown) (If year, give war or dates of service) WW 1 & 217-18-6647 | Mrs. Mildred R. Schmidt, 6700 Ca | anongate Rd. |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) | RTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | Materal Sclerosi. | 2 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | Yes No K |
| 2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) |) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work | HOW DID INJURY OCCUR? | |
| alive on the second of the deceased from 2 (Degree or title) 23. BURIAL CREMATION DATH NAME OF CEMETE | ADDRESS (VO) Cutau (Rethinsel) | tated above. DATE SIGNED 6 Yun 17 |
| REMBURIA (Specify) June 8, 1955 Loudon Par | rk Cemetery Baltimore, Man | ADDRESS |
| REG. 6/6/55 a.w. Kedrick | Leonard J. Ruck. 5305 Harford | Road #14 |



Dr. Hamberger 1207 Eutaw Place LA 3 9802 MA 3 0178

2 30 TO 4

Marine King & A. St. on Marine Marine Service



大学 1811年1811年18 2011/925 69 THEREK LINES LET GOODS RAID, MD. DEST 1886 25 Hall 5 RASSAN SOTH SOBILTY (SOME) F COUNTY PALTS - NATIONAL PALTS ADD

JUNE 14,1955

REGISTRAR'S

BALTIMORE NATIONAL

24. FUNERAL DIRECTOR

COOK - BLIGHT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. (If rural give location) (Day) (Year) 1955 IF UNDER 24 HRS. YEAR Months Days COUNTRY? U.S.A. NTERVAL BETWEEN ONSET AND DEATH UNKNOWN 20. AUTOPSY (County) (State)

DATE SIGNED

ADDRESS

BALTIMORE, MARYLAND

FUNERAL HOME

1

BURIAL

DATE REC'D BY LOCAL

AND THE RESIDENCE OF THE PROPERTY OF THE PROPERTY OF THE STREET, THE STREET, AND THE STREET, A Second Line Burners (FO STA A. B. LLYSILLAN ... 12.25.2 And the Manager of the Committee of the 경기 전쟁을 살아 되는 그 교육을 가는 전기를 하는 것이 되었다. 그 사람들이 가는 사람들이 되었다. A Committee of the comm

BUREAU V. S.

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DECEIN TO

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05.396

5392 CERTIFICATE OF DEATH

Reg. Dist. No. 38

| 0 0 0 N | | |
|---|--|-------------------------------------|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | - 44 |
| COUNTY Paltimerie MARYLAND | STATE Manufand COUN | TV Batterias |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporate limits, write RURAL a | nd give nearest town) |
| OR and give nearest town) (in this place) | OR TOWN | X |
| HOSPITAL OR | STREET (If rural give location |) |
| STREET ADDRESS Political Ave. | ADDRESS Weldrew ave. | |
| 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day OF | (Year) |
| 5. SEX: S. COLOR OR 7. SINGLE, MARRIED. 8. DATE | OF BIRTH: 9. AGE last Wirthday: IF UNDER 1 Y | PAR LINDER 24 MRS |
| RACE: WIDOWED, DIVORCED, (Specify): | | ays Hours Min. |
| 10a. USUAL OCCUPATION. Give kind of 10b, KIND OF BUSINESS OR | 01,1000 | CITIZEN OF WHAT |
| work done during nost of working life, even if retired) | 11. BIRTHPLACE (State or foreign country): 12. | COUNTRY? |
| 3. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME; | 90 |
| Glorge L. Roller | Sydney aun Rolles (?) | |
| 15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. Yes, no. or unk.) (If Yes, give war or dates of | INFORMANT & ADDRESS: | |
| service) World More | Tamily Records | |
| 18. MEDICAL CERTIFICATION | ON | |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | Interval Between Onset And Death |
| Immediate cause (a) congestive | heart foilure, chronic | sa weeks |
| DUE TO | | mare than |
| Antecedent causes (s) Diseases or conditions, if any, | rotic heart diseise | 10 years |
| | | 1400 |
| stating the underlying cause last. DUE TO | O arteriosclerosis | mora then |
| OTHER SIGNIFICANT CONDITIONS | arteriosclerosis | 1 70 9 20. |
| Conditions contributing to the death but not related to the disease or condition causing death. | tos mellitus | |
| a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY ? |
| | | Yes No |
| ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) | (CITY OR TOWN) (COUNTY) (S | STATE) |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED | HOW DID INJURY OCCUR? | |
| OF While at Not While | NOW DID INJURY OCCUR: | |
| | 10 100 10 10 10 11 11 11 11 | . 41- 1 |
| 22. I hereby certify that I attended the deceased from Zeland | | |
| alive on June 12, 1955, and that death occurred at | ? ? ? PM, from the causes and on the date | stated above. |
| 15 D | | ATE SIGNED |
| BY BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER | 1 1000 | (State) |
| REMOVAL (Specify) | 0 10.16 . 11. 11. | (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE. | Com Puneral Director | ADDRESS |
| REGISTRAR | Valen Mulana Love Trans | 1111 |
| June. 14, 1955 March C. Mray | LONINA SOUNCE LONINON | 1,1111 |
| | | |

OBVEDENCE SE 1955
See et mul

5393

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.38

| 1. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED. |
|---|--|
| COUNTY BALTIMORIE CO MARYLAND | STATE MI) COUNTY BALL |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest town) |
| X OR give nearest town) PARKVILL 3(in this place) | TOWN JARKVILLE X |
| HOSPITAL OR | STREET (If fural, give location) |
| COSTREET ADDRESS 8008 WARTORD RD | ADDRESS 1008 WARTORD D |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| DECEASED (Type or Print) MARY ARET | OF OF |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | DEATH VINE 1933 |
| WIDOWED, DIVORCED, (Specify) W(1) o W | Nov 3 1872 82 yrs, Months Days Hours Min. |
| 100 HSHAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OF | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| done during most of working life, even if retired) INDUSTRY | MARY AND COUNTRY? |
| 13. FATHER'S NAME | 1 14. MOTHER'S MAIDEN NAME |
| THEODORÉ HEISNER | Rebicca - |
| 15. WAS DESTRACED EVER IN U.S. ARMED FORCES? I IS. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
| (Yes, no, or unknown) (If yes, give war or dates of service) | MRJ FRANK P HEINDMAN 417 Pouts Land |
| 18. MEDICAL CE | The state of the s |
| | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATE |
| 42 Immediate cause (a) Myrcacke | a influence 10 kgs |
| Antecedent cause(s) | and have |
| Diseases or conditions, if any. (b) | welly assesse seems |
| giving rise to the above cause stating the underlying cause last | |
| (a) August ture | is aleuralentes bleoming 3 years |
| II. OTHER SIGNIFICANT CONDITIONS | |
| Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, | Yes No (CITY OR TOWN) (COUNTY) (STATE) |
| SUICIDE OF office bldg., etc.) | (OUTT ON TOWN) (OUTHIT) (STATE) |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | I HOW DID INJURY OCCUR? |
| OF While at Not While | Now 212 Involve Cocole. |
| INJURY m. Work At work | |
| 22. I hereby centify that I attended the deceased from | b 1925 to war 2) 19 55 that I last saw the deceased |
| | 153 - 11 |
| alive on | m., com the causes and on the date stated above. |
| SIGNATURE: (Degree d'Aitle) | ADDRESS DATE SIGNED |
| Krisch nutree may 5716 18 | endale Ano my 2), 1955 |
| | RY OR CREMATORY LOCATION (City, Joyn, or county) (State) |
| DELECTIVAL (Subsific) | rek BAITO MU |
| DATE REC'D BY LOCAL REGISTRAR'S SIGN CORE | 24. FUNERAL DIRECTOR A ADDRESS |
| REG. 6/18/-57 11. M. Range | Charles H Curul 1 tens |
| - 100/30 4 11. 19000. | The state of the s |
| | 8802 NARTORN RD |

The correct age M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

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BUREAU V. S.

BUREAU V. S.

BECEINED

Supply every item of information carefully. The

OR

05399 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5284 CERTIFICATE OF DEATH

| | | | 21 |
|------|-------|-----|----|
| Reg. | Dist. | No. | 4 |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |): |
|--|--|-----------------------|
| COUNTY BALTIMORG MARYLAND | STATE MARYLAMP COUNTY BALL | 2/ |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL a | nd give nearest town) |
| OR and give nearest town) (in this place) | OR | |
| TOWN HALETHARPE 25425 | STREET (If rural give location) | 51 |
| HOSPITAL OR INSTITUTION OR | STREET (If rural give location) | 1 |
| DSTREET ADDRESS 1815 MAY FIELD AVE | 1815 MAYFIELD AVE | - |
| | | Day) (Year) |
| | OF T | 25 1955 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED. | | |
| MALE WHITE (Specify): MARRIED SEPT. | 7 1974 80 yrs. Months D | ays Hours Min. |
| OA. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| work done during most of working life, OR INDUSTRY: | AND ADMINISTRATION OF THE PARTY | COUNTRY? |
| even if retired) PRINTER SUN PAPER | MARYLAND. | |
| 3. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| HANS NICKOLAS SIEVERT | GERTRUSE DEROTHER. | |
| S. WAR DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dates 2/3-03-24/7 | MARY SIEVERT 1915 MAYFIE | LD AVE. |
| 18. MEDICAL CERTIFICAT | TION | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| 334X (0,) | rtero Selerosis. = demention | C 400 1 10 |
| | noors george sis - a amenda | STIPME |
| ANTECEDENT CAUSE (S) | - + | |
| DISEASES OR CONDITIONS, IF ANY. 487 | y le swallow - | |
| GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. | | |
| (c) def | 100 A 2 10 Am | 3000 000 |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | a wallen | 1 3.040 |
| TO THE DEATH BUT NOT RELATED TO THE | | |
| DISEASE OR CONDITION CAUSING DEATH. | | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | N The second sec | 20. AUTOPSY? |
| | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact | tory, 21c. WHERE DID (City or town) (Count | y) (State) |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., | etc. INJURY OCCUR? | y) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while | 21F. HOW DID INJURY OCCUR? | |
| OF INJURY While While at work at work | | |
| 1 | 10/72 / 8 / 70/7151 | |
| 22. I hereby certify that I attended the deceased from | | |
| alive on I here 14 , 19, and that death occurred at | M, from the causes and on the date : | stated above. |
| SIGNATURE | ADDRESS | E SIGNED |
| 1 Ederas V. Jeel Cair M | . D. 1914 Francis Ge- Bella | - 27 - W. |
| 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETI | ERY OR CREMATORY LOCATION (City, town, or | |
| BURIAL SPECIFY) JANE 281965 LOUDON PA | RK BALTIMORE M. | |
| DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE | 1724. FUNERAL DIRECTOR | ADDRESS |

AN ELIZABETH

OHOR TOM PHOAS

ALL THEFT IN THE SO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05400 5395 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

| | 100 Distriction 100 miles |
|---|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| county Baltimore MARYLAND | state Maryland county Baltimore |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this plant)) Parkville | STAY CITY(If outside corporate limits, write RURAL and give nearest town) |
| HOSPITAL OR ON STREET ADDRESS 9646 Dixon Avenue | STREET (If rural give location) ADDRESS 9646 Dixon Avenue |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) Mr. Joseph Charles | (Last) 4. DATE (Month) (Day) (Year) OF DEATH: Jine 13th 19 55 |
| RACE: WIDOWED, DIVORCED. | DATE OF BIRTH: 9. AGE last birthday F UNDER 1 YEAR IF UNDER 24 MRS. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter | SS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Harford Co. Maryland USA |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Richard Simpson | ? |
| (Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security N 215-07-3134 | Mrs. Margaret M. Simpson, 9646 Dixon Ave. |
| ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO DUE TO | Tosserry relucion Interval Between Onset and Death 24 mms |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | Distres mellitus many years |
| 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPER | ZATION 20. AUTOPSY? YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER) | m, factory. bldg., etc. 21c. WHERE DID (City or town) (County) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCL OF INJURY M. 21E INJURY OCCL While Not while at work at work | lle 📺 |
| alive on June 12, 19 53, and that death occurrence of the second | ed at 30 M, from the causes and on the date stated above. ADDRESS M. D. EMETERY OF CREMATORY LOCATION (City, town, or county) (State) |
| DEMOVAL (CONCINY) | ad Mem orial Park Baltimore, Maryland |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR | Leonard J. Ruck, 5305 Harford Road #11 |

Dr. Harris 8100 Harford Road



an son

WITH UNFADING INK.

especially important. Physicians:

PLEASE TYPE OR WRITE PLAINLY, S

correct age

carefully? The

please write the causes of death clearly and legibly. Supply every item of information

10 - 53VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05401

| . 5396 CERT | TFICATE | OF DEAT | TT. | ist. No. |
|--|--|----------------------------------|--|--|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDE | NCE (HOME) OF DECEA | SFD: |
| CITY (If outside corporate limits, write RURAL LE | NYLAND NGTH OF STAY (in this place) 2 Days | STATE Mar | yland COUNTY orporate limits, write RURA ltimore, 22 | Betto. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administr | | STREET | (If rural give location of the | |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) THOMAS (NMI | | Last) | 4. DATE (Month) OF DEATH: June | (Day) (Year) 19 19 55 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify): Divor | ced 10 | /27/72 | . AGE last birthday 15 UNOES Months | Days Hours Min. |
| OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Freight Clerk Railroa | F BUSINESS USTRY: | Baltimore | | 2. CITIZEN OF WHA |
| 13. FATHER'S NAME: | | 14. MOTHER'S MA | IDEN NAME: | |
| Edward a | | Ellen MN | : Unknown | |
| (Yes, no, or un)(.) (If Yes, give war or dates of service) OW Unkn | SECURITY NO. | 17. INFORMANT & Clin.Rec. Vet | Adm. Hosp, Ft. H | oward, Md. |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO | | | with Generalize | INTERVAL BETWEE ONSET AND CEAT Unknown |
| (C) | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 19a. DATE OF OPERATION: 198. MAJOR FINDINGS | | | | 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDERLYING TO 21B. PLACE (DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | Home, farm, factor treet, office bldg., e | ry. 21c. WHERE DI | D (City or town) (Co? | unty) (State) |
| OF INJURY While at work | Not while at work | 21F. HOW DID IN | | |
| 22. I hereby certify that Kattended the deceased | from June 1 | 17, 1955, to Jui | ne 19, 19 55 tKXXXXX | Isk want the declare |
| ative conxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | | M, from the ADDRESS D. VAH, Fort | | e stated above. ATE SIGNED 6/19/55 |
| | ame of CEMETER altimore Na | RY OR CREMATORY | LOCATION (City, town, Baltimo | or county) (State |
| REGISTRAR SIGNATURE REGISTRAR'S SIGNATURE REGISTRAR | hade | Wm.Cook-Blig | RECTOR The Funeral Home Part I more | ADDRESS |

While a second and the second The state of the state of the same and the The second secon

| | y. Th | 5397 CERTIFICATI | E OF DEATH Reg. Dis | t. No. 44 |
|-------------------|--|--|---|--|
| | ull. | I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | ED: |
| M | information carefully clearly and legibly. | COUNTY BALTIMORE MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) FORT HOWARD 13 HOURS HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSP | STREET (If rural give location | 3401-4 |
| 7 | ofath | DECEASED: (Type or Print) OLIVER SMUI | LLEN OF DEATH: JUNE | (Day) (Year) 21 19 55 |
| FOR BINDING | ipply every ite | 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, 11-18 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LATHER 13. FATHER'S NAME: FRANK SMULLEN | 8-93 11. BIRTHPLACE (State or foreign country): 12. WICOMICO COUNTY, MARYLAND 14. MOTHER'S MAIDEN NAME: ELLENORA RICHARDSON | Days Hours Min. |
| OR B | INK. Su se write | (Yes, no, or upk.) (If Yes, give war or dates of service) unit 7 | 17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOW | MRD. MD. |
| MARGIN RESERVED I | ITH UNFADING Physicians: plea | ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO ARTERIOSCLE | | INTERVAL BETWEEN ONSET AND DEATH 1 DAY 1 DAY UNKNOWN |
| MAR | AINLY, Wimportant. | (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | | |
| 1 | 7 | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact | toty. 21c WHERE DID (City or town) (Cour | 20. AUTOPSY? YES NOT |
| 3. A15—10-53 | PLEASE TYPE OR WRITE PI correct age is especially | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that xattended the deceased from JUNE 22. I hereby certify that xattended the deceased from JUNE 23. ACTING IRVING FREEMAN, M.D. Chief, Medical Service M. 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETIC REMOVAL (SPECIFY) BURIAL DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 21F. HOW DID INJURY OCCUR? 11:30 AM. 12:30 AM. 20, 1955, to JUNE 21, 19 55 (KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| N N | | REGISTRAR . 23 St Q. W. Healrich | RUSSELL G. THOMAS FUNERAL HO | ME RE, MARYLAND |

4204 Leade TARREST MALE AND THE RESIDENCE OF THE STATE NAG E THOSE TO STATE OF THE REPORT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| | 5398 CERTIFICATE OF DEATH Reg. Dist. | No. 37 |
|------------------|--|-------------------------------------|
| ly. | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED |): |
| gib | COUNTY Baltimore MARYLAND STATE HACK COUNTY | |
| and legibly | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give negrest town). (in this piace) TOWN Ordens and live negrest town). And Town OR OR OR TOWN OR | 3 V 0 1-44 |
| clearly | HOSPITAL OR INSTITUTION OR STREET ADDRESS MASSNIE HOME STREET ADDRESS MASSNIE HOME 3621 Belregier | e stre |
| death c | DECEASED: (Type or Print) Charles Crra Snider DEATH: Sune | 9 (Year) 4 19 5-5 |
| Jo | Male Hute (Specify) Married Selet, 12-1867 87 yrs. Months D | RAR IF UNDER 24 HRS. Rys Hours Min. |
| cause | work done during most of working life. OR INDUSTRY: even it to tred by the state of the state o | CITIZEN OF WHAT |
| write the causes | 13. FATHER'S NAME: Helmon Rebuca Bluckston | u |
| | (Yes, no, or unk.) (If Yes, give war or dates of service) 18. BOCIAL BECURITY NO. 17. INFORMANT & ADDRESS Autra M. Schwede | |
| please | 18. MEDICAL GERTIFICATION | INTERVAL BETWEEN |
| D | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| 18: | IMMEDIATE CAUSE (A) Coronary Occusion | 1/2 / |
| ciar | ANTECEDENT CAUSE (S) | 0 |
| Physicians | DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) CANONA TASCULAR TO SINCE TO | 7, |
| +3 | (C) | |
| important. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| pod | DISEASE OR CONDITION CAUSING DEATH | |
| | O STERNION | YES NO |
| especially | 21a. ACCIDENT WAS UNDERLYING \(\) 21b. PLACE (Home, farm, factory, or contributing \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) \(21b. PLACE (Home, farm, factory, office bldg., etc. INJURY OCCUR? (Count of the contribution) Count of the count of | y) (State) |
| is es | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work | |
| correct age | 22. I hereby certify that I attended the deceased from Oct., 1947, to June 4, 1955, that I last alive on June 3, 1955, and that death occurred at 3 P. M. from the causes and on the date some formation of the date of the signature with the superior of the signature of the signat | |
| 00 | 23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY) 6/7/55- Porraine Cemetery Baltimore) | eounty) (State) |

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

A15-VS.

BUREAU V. K.

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BECEINED

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

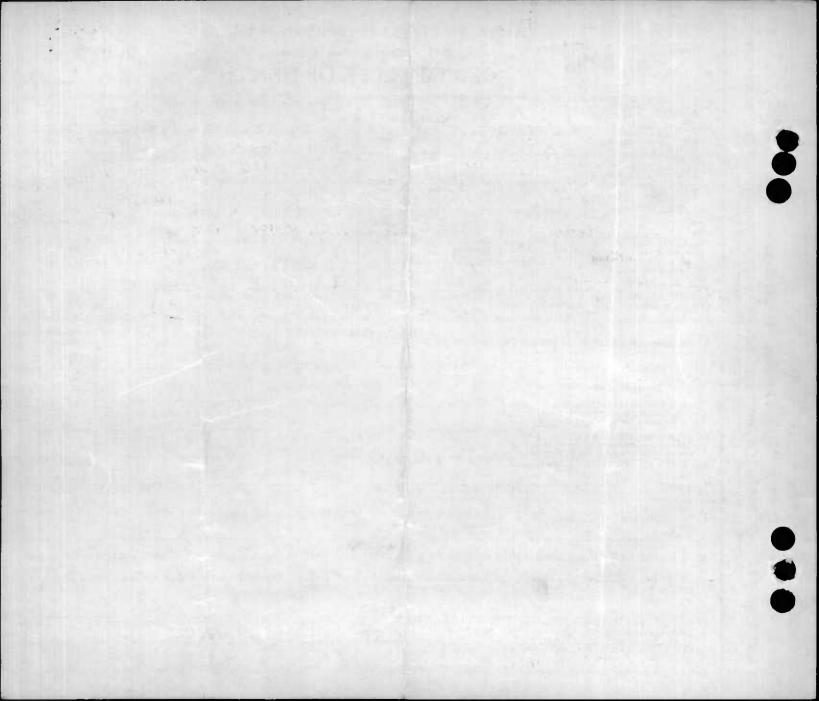
05404

5399

CERTIFICATE OF DEATH

Reg. Dist. No. 30

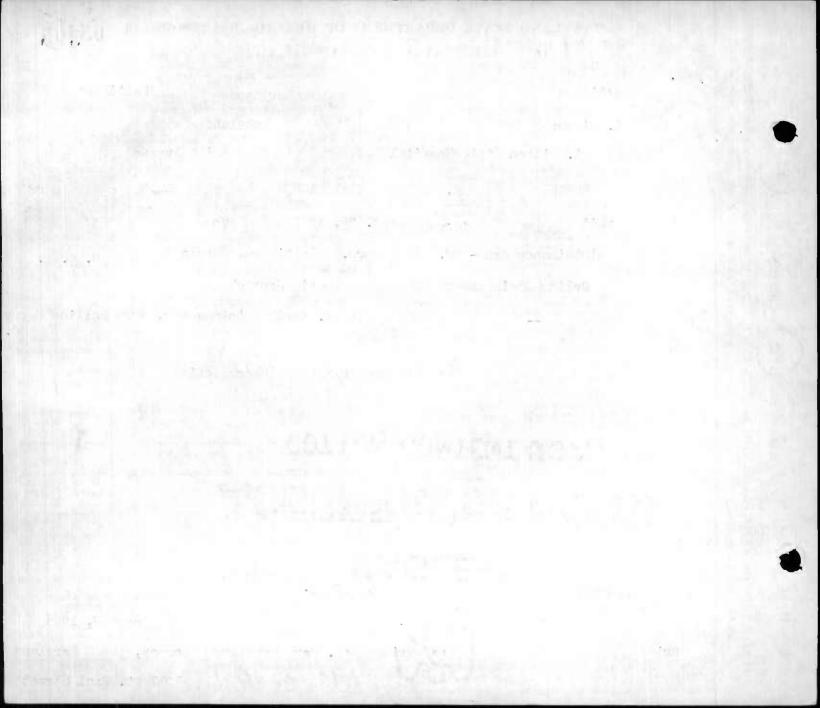
| 1. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY | 7.4. 1.4 | | |
|--|--|--|--|--|
| 16 FILMING WE MARYLAND | The formal | 3V01-4 | | |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place) | CITY (If outside corporate limits, write RURAL and giv | e nearest town) | | |
| HOSPITAL OR MINER HOLLEN IN THE MENT HOLLEN IN THE MENT HOLLEN THE PARTIES IN THE MENT HE WAY TO THE MENT HE M | STREET 15-2 Of rural, give location | | | |
| 3. NAME OF (Mindle) | (Last) 4. DATE (Month) | (Day) (Year) | | |
| (Type or Print) Glara 15. | een of DEATH June | 1855 | | |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 41 12 2000 | May 19, 1891 64 yrs. Months. | Days Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of sing life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRAHPLACE (State or foreign country) 12 | CITIZEN OF WHAT | | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | |
| John H. Upman | anns S. Begold | | | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of | 17. INFORMANT AND ADDRESS | 1 | | |
| service) W | Mrs Regina a. Vagt Cotons | wille med | | |
| 18. MEDICAL CE | RTIFICATION | INTERVAL BETWEEN | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 7 | ONSET AND DEATH | | |
| Immediate cause (a) My cardial | Decomposition | andi. | | |
| Antecedent cause(s) | - 12 /2. | | | |
| Diseases or conditions, if any, (b) Carrier Carries Va | scular rend wears | 1032 | | |
| giving rise to the above cause stating the underlying cause last | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Mellitus | 1030. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? | | |
| | | Yes No D | | |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) | (STATE) | | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY | HOW DID INJURY OCCUR? | | | |
| -1-6 | | | | |
| 22. I hereby certify that I attended the deceased from 1955, to 6 1955, that I last saw the deceased | | | | |
| alive on 6 2 1955, and that death occurred at SIGNATURE (Degree or title) | ADDRESS | ated above. DATE SIGNED | | |
| 2011 K. Selloger Mrs. 620 | 9.72 Sinid Bd - 28 Jack | 1 . 2 - 5 - 5 | | |
| 23. BURIAL, CREMATION DATE NAME OF CEMETE | RY OR CREMATORY LOCATION (City, town, or count | (State) | | |
| sund I me of 1991 her teach | 24-FUNERAL DIRECTOR | ind | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG3 -55 REGISTRAR'S SIGNATURE | Elmin Mile Contest: 924 | ADDRESS | | |
| | | The state of the s | | |



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH—BALTIMORE, | 18 | 05405 |
|----------|-------|------------|----|--------------------------------|-------|----------|
| 5400 | CEF | RTIFICATE | OF | HEALTH—BALTIMORE, T DEATH Reg. | Dist. | No. 3 20 |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|---|
| COUNTY Baltimore MARYLAND | STATE Maryland COUNTY Baltimore |
| CITY (If outside corporate limits, write RURAL, LENGTH OF STAY | CITY(If outside corporate limits, write RURAL and give nearest town) |
| OR and give nearest town) TOWN Mt. Wilson (in this place) | TOWN Lakeland 3vol-4 |
| HOSPITAL OR INSTITUTION OR Mt. Wilson State Hospital | ADDRESS 2519 Smith Avenue |
| DECEASED: (Type or Print) EDWARD A. | CLast) STEINBACHER 4. DATE (Month) (Day) (Year) OF DEATH: June 9, 19 55 |
| RACE. WIDOWED DIVORCED | 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 72 yrs. Months Days Hours Min. |
| work done during most of working life, even if retired): Maintainance Man - Md. Llass Co. | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT rp. Baltimore, Maryland U. S. A. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Julius Steinbacher | Amelia Janusch |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | Mrs. Bertha Steinbacher, 3220 Hollins Ferr |
| 18. MEDICAL CERTIFICAT | WILLIAM DEIWELM |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) Far Advanced | Pulmonary Tuberculosis |
| ANTECEDENT CAUSE (8) | |
| DISEASES OR CONDITIONS, IF ANY, (B) | |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | |
| (c) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 2 | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | cory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR? |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from July | 14, 19.54, to June 9, 19.55, that I last saw the deceased |
| alive on June 9, 1955, and that death occurred at | |
| William Newsmer M. | June 9, 1955 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE | ERY OR CREMATORY LOCATION (City, town, or county) (State) |
| burial (SPECIFY) 6/13/55 Meadowridge | Mem. Park Cemetery Dorsey, Maryland |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24 FUNERAD DIRECTOR ADDRESS |



MARYLAND STATE DEPARTMENT OF HEALTH

5401

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

| | neg. Dist. Ho., | |
|--|--|------------------------------|
| I. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| MARYLAND MARYLAND | STATE MARYLAND COUNTY | |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) | CITY (If outside corporate limits, write RURAL and give near | est town) |
| 52 TOWN RIVE HEAT TUNSUILLE SVRS. | TOWN BALTIMORE 3V | 01-4 |
| HOSPITAL OR | STREET (If rural, give location) | 1 |
| 90 STREET ADDRESS TARA LISE NURSING HOWE | ADDRESS 507 N. ELL WOOD & | TUE 1 |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day | (Year) |
| (Type or Print) HOA HMANDA. | STRED DEATH DUNES | 1956 |
| 5 SEX // 6. COLOR OR RACE 17. SINGLE MARRIED | 1 8 DATE OF BIRTH 1 9 ACE last hirthday 1 If under 1 week | If under 24 hrs |
| MEMALE white WIDOWED, DIVORCED, (Specify) WI CONE. | 2-6-79 76 yrs. Months. Days | Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life veven if retired) INDUSTRY | | ZEN OF WHAT |
| HOUSEWIFE INDUSTRIPLOMESTIC | MARYLAND COUNT | 85.H. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| FETER ILMAN | Unknown | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II year, give war or dates of | 17. INFORMANT AND ADDRESS | o i |
| service) NONE NONE | GEORGE STREB 15-N. HILTON | 57. |
| | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | - yy | RVAL BETWEEN ET AND DEATH |
| 33/X | da a di | THE PEATE |
| Immediate cause (a) Clerral: | neuvernag . | 3 clays |
| Antonodout course(a) | - / | |
| Antecedent cause(s) | alexand. | 21/20 |
| Diseases or conditions, if any, (b) | | 3/1/4 |
| stating the underlying cause last | Raday a Parking 3 | 1/20 |
| II. OTHER SIGNIFICANT CONDITIONS | The state of the s | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 1 20. | AUTOPSY1 |
| | Voc | ПОМОП |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, | | (STATE) |
| SUICIDE OF office bldg., etc.) INJURY | • • • • • • • • • • • • • • • • • • • | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF While at Not While INJURY m. Work At work | | |
| At la | C 0 3 | |
| 22. I hereby certify that I attended the deceased from | , 19. to the task saw th | e deceased |
| alive on June 3 1941., and that death occurred at | 1:45 P.m., from the causes and on the date stated a | , |
| SIGNATURE (Degree or title) | | TE SIGNED |
| (17 M Nemino 21.A) | 203- Malerede are Auto 28 | 2/11/ |
| (/ 1.///. qcuitty mi/s. | TACOD FO | 74/55 |
| DPMOVAI (Consists) | RY OR CREMATORY LOCATION (City, town, or county) | (State) |
| DURIAT 10-6-05 1 TOUGO | | rd. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR AD | DRESS |
| 6-4-13 1, 6. Harry (| Morge L. Schwab- Vallionore | - ond. |
| | | |

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

DECEDVED NUL 7 1955 8.V UABRUA

5 . . . 4.

M

MARYLAND

54.)2

05497 STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEATH- COUNTY | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY |
|--|--|
| DA To GO MARYLAND | |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place) | C1TY (If outside corporate limits, write RURAL and give nearest town) |
| TOWN Cockeyeville Ild. L mo. | TOWN DA 170. Md. 340/-44 |
| HOSPITAL OR INSTITUTION OR OFF THE Memorial Home | STREET ADDRESS 105 S. Catherine St. 223 |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| DECEASED (Type or Print) | Stuhler OF JUNE 5 15 |
| S. SEX A. COLOR OR RACE 1.7. SINGLE, MARRIED. | 8. DATE OF BIRTH 9. AGE last birthday If under. 1 year If under 24 h Months. Days Hours Mi |
| Female W WIDOWED, DIVORCED, (Specify) Wildow | FE 24 1877 78 yrs. Months. Days Routs Min |
| Oa. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA |
| done during most of working life, even if retired) INDUSTRY | Germany Course A. |
| 3. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| UNKNOWN | Not known |
| WAS DECREED FURD IN II C ARMED FORCES? 1 16 SOCIAL SECURITY NO | 17. INFORMANT AND ADDRESS |
| (es, no, or unknown) (If year, give war or dates of service) | FREderick Stuhler - Thornix Md |
| | |
| 18. MEDICAL CE DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | |
| 422.1 | e Candis voncular years |
| Immediate cause (a) activo colorate | E Candis voncular years |
| Assistance of the control of the con | dia a |
| Antecedent cause(8) | |
| Diseases or conditions, if any, (b) | |
| giving rise to the above cause atating the underlying cause last | |
| (c) | |
| I. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | |
| related to the disease or condition causing death. | milinet |
| 9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| unknown befoleral radical | markelony (year are) Yes No 5 |
| ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| HOMICIDE INJURY | |
| TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While | HOW DID INJURY OCCUR? |
| OF While at Not While No | |
| | CHA TO SEE |
| 2. I hereby certify that I attended the deceased from | , 1954, to fune J., 1955, that I last saw the deceased |
| 1 1055 3 11 1 201 9 | 2:05 a m, from the causes and on the date stated above. |
| alive on The Time, 1990, and that death occurred at SIGNATURE | ADDRESS : DATE SIGNED |
| Edicated Bill on MA. | Cochen ill Md. 6/5/55 |
| PRICE AND LANE OF CEMETE | CRY OR CREMATORY LOCATION (City, town, or county) (Spate) |
| REMOVAL (Specify) | Bald And |
| | SEMERAL DIRECTOR ADDRESS |
| DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE | 17/11/16 115 8 1 . 100 - |
| 6-101 How. wearing | 1. W. W. poort -1. 200 Culoud 14-17 |
| | |

A TAIGNON TAILS

The the last of the Total and the last of the markets of the

MARYLAND STATE DEPARTMENT OF HEALTH

5403

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No. 30

| 1. PLACE OF DEATH- | | 2. USUAL RESIL | ENCE (HOME) OF DEC | EASED. |
|---|--|----------------------|--|------------------------------|
| CITY (If outside corporate limits, w | MARYLAND | STATE Mar | yland | COUN Hadainore |
| CITY (If outside corporate limits, w | rite RURAL and LENGTH OF S | TAY CITY (If outsi | | RURAL and give nearest town) |
| OR give nearest town) | (in this plac | 38) II (2 <i>P</i> C | ella | × |
| HOSPITAL OR | | STREET | | give location) |
| INSTITUTION OR STREET ADDRESS 6 Spri | ng St. | ADDRESS | 6 Spring St. |) |
| 3. NAME OF (First) | (Middle) | | | |
| DECEASED | | (Last) | 4. DATE | (Month) (Day) (Year) |
| (Type or Print) MARGAR | | | DEATH | 6-13-55 19 |
| Female 6. COLOR OR White | WIDOWED MOLYORCI (Specify) Marrie | EP. 4-29-1912 | 43 | vrs. Months Days Hours Min |
| 10a. USUAL OCCUPATION (Give kin done during most of working life, even i At Home | d of work 10b. Kind of Business Industry | Oakland | E (State or foreign country, | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | | | MAIDEN NAME | |
| Harold Leon Ja | ckson | | | |
| 15. WAS DECEASED EVER IN U.S. ARME | | Anna M | ay Triplett | |
| (Yes, no, or unknown) (If yes, give war NO service) | or dates of 213-09-6068 | H.R. Tayl | or, Oella, Md | |
| | 18. MEDICA | AL CERTIFICATION | | |
| I. DISEASES OR CONDITIONS DIE | RECTLY LEADING TO DEATH | | | INTERVAL BETWEEN |
| | V. | | • | ONSET AND DEATE |
| Immediate cause | (a) Covering | reeus | and the same of th | aun |
| 1201 | c - 4 | 11 1 | £ | |
| Antecedent cause(s) Diseases or conditions, if any, | a Casentral | Typertens | nen | 1062 |
| giving rise to the above cause | | | ************************************** | |
| stating the underlying cause in | <u>st</u> | | | |
| | (c) | | | |
| II. OTHER SIGNIFICANT CONDIT Conditions contributing to the death related to the disease or condition car | but not | | | |
| 19a. DATE OF OPERATION 19b. | MAJOR FINDINGS OF OPERATIO | ON | | 1 20. AUTOPSY? |
| 0 | | | | |
| 21. ACCIDENT (Specify) | PLACE (Home, farm, factory, st | treet. (CI | TY OR TOWN) | (COUNTY) (STATE) |
| SUICIDE HOMICIDE | OF office bldg., etc.) INJURY | | -1 011 10 1111, | (COUNTY) (STATE) |
| | (Hour) INJURY OCCURRED | I HOW DID INJ | IDV OCCUPA | |
| OF | While at Not While | | oki occur: | |
| INJURY | m. Work At work | | | |
| 22. I hereby certify that I atter | nded the deceased from | 104/1 | l . 13 00 15 | |
| 22. I hereby termy that I atte | ided the deceased from | , 19.45, to | , 19, 1 | that I last saw the deceased |
| alive on 19. | \$3, and that death occurred | at 50 m fr | form the servers and on | the date stated above. |
| SIGNATURY. | (Degree or title) | ADDRESS | on the causes and of | DATE SIGNED |
| & CN | P | 811 | 01 1 | C. I. A. |
| 19-010 | hom and | | offing :- | 915/5 |
| | THEREOF NAME OF CEN | ETERY OR CREMATO | RY LOCATION (City | , town, or county) (State) |
| REBUILL (Specify) 6 | -17-1955 Good She | epherd | Ellicott | |
| DATE REC'D BY LOCAL REGIS | TRAR'S SIGNATURE | 24. FUNERAL D | IRECTOR | ADDRESS |
| REG. 6/16/55 7 | 7. Hanne | F.C. Higin | bothom.Ellicot | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

DECEDAED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 2404 | CERTIFICAT | E OF DEAT | H Reg. Dis | t. No |
|--|--|--|--|--|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDEN | NCE (HOME) OF DECEASE | D: |
| COUNTY Baltimore | MARYLAND | STATE Mary | Land COUNTY | |
| CITY (If outside corporate limits, write RI OR and give nearest town) TOWN Fort Howard | URAL LENGTH OF STAY (in this place) 25 Days | OR TOWN Balti | orporate limits, write RURAL | and give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Admi | | STREET ADDRESS | (If rural give location Hull Street |) / |
| 3. NAME OF (First) | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year) |
| DECEASED: (Type or Print) DAVID | B. 9 | THOMAS | of death: June | 17, 1955 |
| S. SEX: 6. COLOR OR 7. SINGLE, WIDOWE (Specify): | D, DIVORCED, |)/3/86 | AGE last birthday IF UNDER | |
| NA. USUAL OCCUPATION (Give kind of 10B work done during most of working life, even if retired): Grain Trimmer | . KIND OF BUSINESS OR INDUSTRY: | Swansea, V | tate or foreign country): 12 | CITIZEN OF WHAT COUNTRY? U. S. A. |
| 3. FATHER'S NAME: | | 14. MOTHER'S MAI | | |
| Daniel Thomas | | Sara Jones | | |
| Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & | | Horrand Md |
| | B. MEDICAL CERTIFICA | | ve o . Adm . nosp . , r o | INTERVAL BETWEEN |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE | UE TO (C) GLIOSIS OF WITHIBUTING NUCLEI HE ATH. | DENTATIC VEINS; N H INFARCTS & PN DENTATE AND IN OF THE BRAIN | | UNKNOWN F UNKNOWN |
| 19A. DATE OF OPERATION: 19B. MAJOR | FINDINGS OF OPERATION | N. | | 20. AUTOPSY7 |
| 21A. ACCIDENT WAS UNDERLYING 21B DR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER) | | , etc. INJURY OCCUR | D (City or town) (Cou | nty) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M. | 21E INJURY OCCURRE While Not while at work at work | D 21F. HOW DID IN | JURY OCCUR? | |
| 22. I hereby certify that I attended the SIGNATURE WANDEGRIFT, M. 23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL (SPECIFY) June 20,19 | D. NAME OF CEMEN | 11:05M, from the ADDRESS 1.D. VAH, FORT ERY OR CREMATORY [ational Cemete | HOWARD, MD. LOCATION (City, town, or Balto., Mar | stated above. ATE SIGNED 6/17/55 or county) (State) |
| PATE REC'D BY LOCAL REGISTRAR'S REGISTRAR'S | | 1 24. FUNERAL DI | | ADDRESS |

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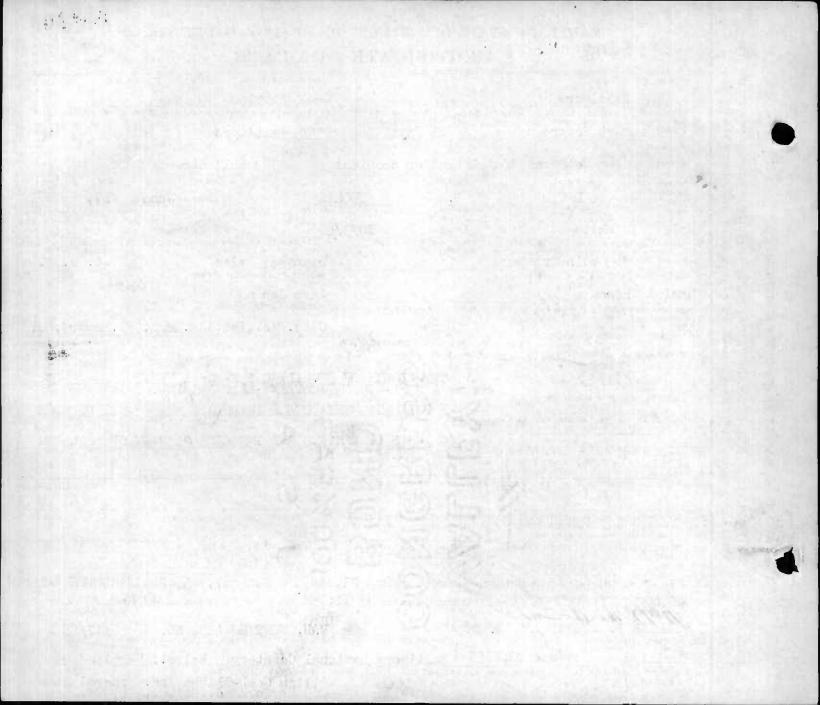
WITH UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY,

carefully. The

Supply every item of information

A15 - 10 - 53



BUREAU V. S.

fill said or another comment to reference to proper the property

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BECEINED

5406 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

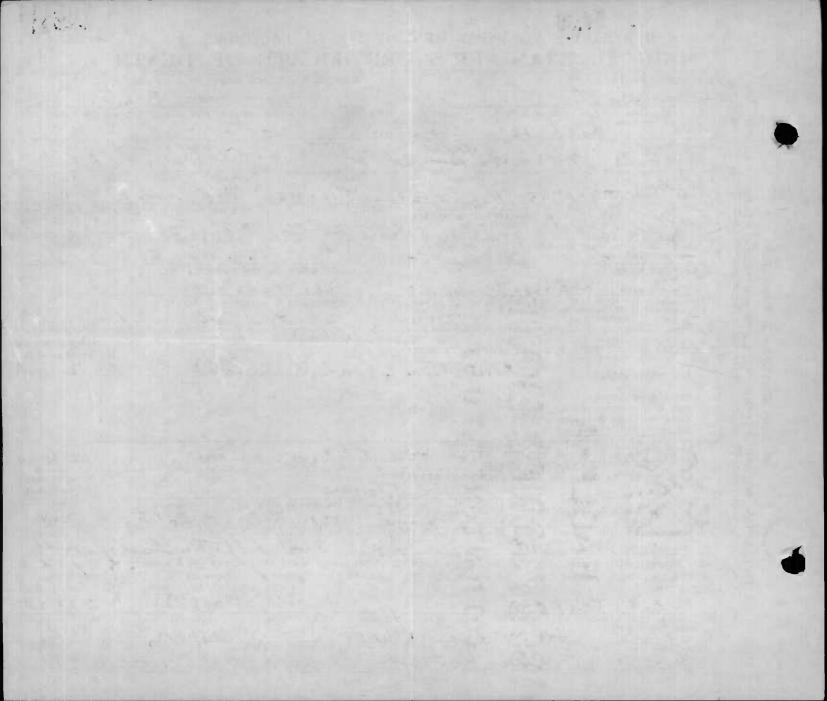
| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH |
|----------|------------|--------------|-----|-------|
| THULUMAN | | CHILITICALIA | OT. | |

| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR | (E, 18 | Reg. Dist. |
|---|----------------------------------|---|
| MEDICAL EXAMINER'S CERTIFICATE OF | C DEATH | No |
| 1. PLACE OF DEATH: | E) OF DECEASED: | 4 |
| COUNTY Balt. MARYLAND STATE Ind. | COUNTY Ball | 7. |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate | limits write RURAL an | d give nearest town) |
| OR and give nearest town (in this place) OR TOWN Balto. | 10 | X |
| 4. 11 | (If reval, give location) | Rd. |
| 3. NAME OF (First) (Middle) (Last) 4. DAT OF (Type or Print) 740 MAS MAYWELL THOMAS DEA | 0 | (Year) |
| | st birthday: IF UNDER I Months D | YEAR IF UNDER 24 HRS. ays Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State of work done during most of work life, INDUSTRY; | | COUNTRY? |
| 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAM | | 70,00 |
| 7/ Services mailed has | in it | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I IS SOCIAL SECURITY NO. IT INFORMANT & ADDRESS. | wan | |
| (Yes, no. or unk.) (If Yes, give war or dates of | | |
| prov. service) nord now dury | eers was (| my) |
| IS. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | | INTERVAL BETWEEN |
| Don't V | /\ | ONSET AND DEATH |
| Immediate cause (a) That there head (Sincial | (4) | 10 min. |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, (b) | | |
| giving rise to the above cause DUE TO | | |
| stating underlying cause last (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | ·u | 10 days. |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? |
| Pane none. | | Yes 🗆 No 🔯 |
| 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) | (County) | (State) |
| PRIMARY F or CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH. OF street, office bldg., etc., INJURY Harme. 1'2 69 Rafie 72 | sho Balti. | and. |
| 2Id. TIME (Month) (Day) (Year) (Hour) 2Ie. INJURY OCCURRED While at Not while | CCUR? | 2 |
| INJURY June 2150 3:36 M. work at work Shall suff | Thristase | yspull. |
| 22. I hereby certify that I took charge of the remains described above, held an Autops | | |
| find that death resulted from: Natural causes [], Accident [], Suicide X, Horney | | |
| SIGNATURE CHIEF MEDICA DEPUTY MEDICA | CAL EXAMINER M | DATE SIGNED |
| X, L. Caples M. D. ASSISTANT ME | | 6-27-55 |
| PEMOVAT. (Specify) | TION (City, town, or c | ounty) (State) |
| BUYTAL JUNE 30,19531 CHATHAM CO | ATHAM, | VA |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | , 1 | ADDRESS |
| 10-10 Nohw V. Nitchell | 1 Ams 1900 Cu | vau lace |

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VS. A15A - 5 - 53



BUREAU V. &

JUN SE 1955

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BUREAU V. S.

2411 N. Charles Street, Baltimore

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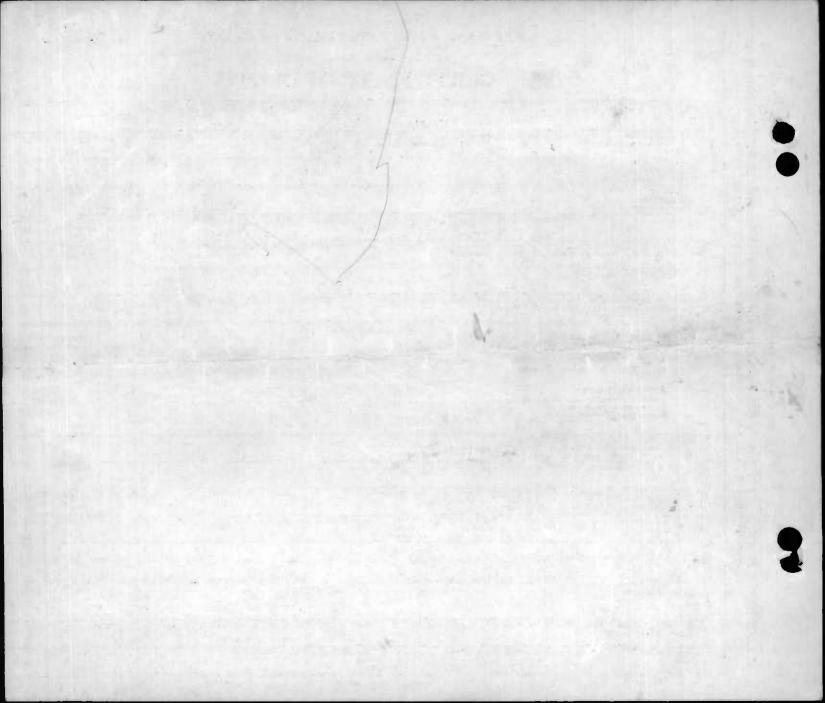
CERTIFICATE OF DEATH

Reg. Dist. No....

| | 200. 200. 100. |
|---|---|
| 1. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY |
| Ballimore MARYLAND | Ballimore |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest town) |
| OR give nearest town (in this place) | TOWN Halethorko 51 |
| HOSPITAL OR | STREET (If rural, give location) |
| INSTITUTION OR 1724 Selmaan | ADDRESS 1724 Salma ave |
| 3. NAME OF (First) (Middle) DECEASED AND AND AND AND AND AND AND AND AND AN | (Last) (A. DATE (Month) (Day) (Year) OF DEATH June 29 1974 |
| (Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. | DEATH DEATH 19. AGE last birthday If under 1 year If under 24 hrs. |
| male white (Specify) Marries | aug. 21-1887 67 yrs. Months Days Hours Min. |
| done during most of working life, even if retired) INDUSTRY INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| and the most of working the event recited) in the RR. | Ballimore City Ly 39 |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Henry Herman Martin Vehsted | Mory Quedals. |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS /1724 de la se |
| (Yes. no, or unknown) (If yes, give war or dates of 705-05-3147 | Mens Violet Valute Affect He as Think |
| 18. MEDICAL CE | |
| | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATE |
| | scard, las a 19 ms |
| Immediate cause (a) Chr | 9 7 |
| Antecedent cause(s) | Racio de la companya della companya |
| Diseases or conditions, if any, (b) | for for the state of the |
| stating the underlying cause last | |
| (c) concre | al accorded in |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | One x |
| related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 158. DATE OF OTERATION AND MANOR PRODUCTS | |
| OF ACCORDING (News for fortest street | : (CITY OR TOWN) (COUNTY) (STATE) |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? |
| OF While at Not While INJURY m. Work At work | |
| | C |
| 22. I hereby certify that I attended the deceased from Line | 1974, to 191955, that I last saw the deceased |
| | |
| alive on 23, 1955, and that death occurred at 9 SIGNATURE (Degree or title) | ADDRESS DATE SIGNED |
| D2BBBrumbay of 3609 | mainst Ebridge 27 Mg 4/19/4; |
| THE COURT (Dec. 18) | RY OR CREMATORY LOCATION (City, town, or county) (State) |
| REMOVAL (Specify) JULY 291955 LORRAINE PAR | CK BALTIMOIZE, MARYLAND. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
| RAIG-/-53 Har Heart | Joseph J. ambrow, 4.13 24 Sucriture Sp. Rp. |
| inn | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS. A15

The correct age



RESERVED FOR BINDING

A15-10-53

VS.

| MARYLAND STATE DEPARTMEN Item 9, FilmG184 7-28-55 e | 115415 |
|---|--|
| 54.99 CERTIFICATI | E OF DEATH Reg. Dist. No. |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY BALLIMON MARYLAND | STATE SOME COUNTY Bellevil |
| CITY (I outside corporate limits, write RURAL LENGTH OF STAY OR and give neares town) (in this place) | CITY(II outside corporate limits, write RURAL and give nearest town) |
| X TOWN Chase, mol. 13 years | TOWN Chase had. X |
| HOSPITAL OR INSTITUTION OR | STREET (If rural give location) ADDRESS |
| STREET ADDRESS | ph 50 5° 66 flew Com. Cf. |
| DECEASED: AUDDIEC UPPOST | (Last) 4. DATE (Month) (Day) (Year) OF |
| (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | OF BIRTH: 9. AGE last birthday if under 1 year if under 24 Hrs. |
| RACE: WIDOWED, DIVORCED, (Specify): WIDOWED | 1/6 1867 87 P/A yrs. Months Days Hours Min. |
| TOX. USUAL OCCUPATION TORE AND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT |
| work done during most of working life, or INDUSTRY: even if retired); | Ballowere St. COUNTRY |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Thaddens Tileller | ? |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: |
| 18. MEDICAL CERTIFICAT | WISHING BEIWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) | ale marce. |
| ANTECEDENT CAUSE (S) | 0. Was. 0. |
| DISEASES OR CONDITIONS, 1F ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO | and find workers |
| STATING UNDERLYING CAUSE LAST. | * |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | 11. 11. |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, | Olos harlono - prostelo Hertertel |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| OF INJURY OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work at work 21E INJURY OCCURRED While 21E INJURY OCCURRED WHILE | 21F. HOW DID INJURY OCCUR? |
| | |
| 22. I hereby certify that I attended the deceased from 4 and | 1957, to June, 1957 that I last saw the deceased |

22. I hereby ce SIGNATURE alive on M. D. REMOVAL (SPECIFY) NAME OF CEMETERY LOCATION (City, town) or county)

REC'D LOCAL REGISTRAR

815 Broken Cue.

RESERVED FOR BINDING

MARGIN

CERTIFICATE OF DEATH Reg. Dist. No. FilmG183 6-27-55 et 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNTY Baltimore MARYLAND Marvl and CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) OR give nearest town) TOWNRANDALISTOWN TOWN Baltimore Vear HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 1806 Thomas Avenue 4. DATE (Middle) (Month) (Day) (Year) 3. NAME OF (First) (Last) DECEASED DEATH (Type or Print) Looda Gertrude Walters June 11 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE last birthday | If under . 1 year | If under 24 hr 5. SEX 8. DATE OF BIRTH WIDOWED, DIVORCED, (Specify) Widow Months. | Days | Hours | Min Sept.8.1878 Female White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retlred) INDISTRY At Home Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary E. Stansbury
17. INFORMANT AND ADDRESS William T. Belt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If year, give war or dates of -Wrs - Harry E - Wolf-Old Court Road service) No 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (ARCINOMA OF BREASTI - C METASTASIS 170 X Immediate cause To LUNG - KEFT Antecedent cause(s) CARCINOMA OF BLADDER & METASTASIS 10 MOS. Diseases or conditions, if any, giving rise to the above cause BONES & CERUICAL SPINES. stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS HEART FAILURE = PULMONARY Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No F (CITY OR TOWN) PLACE (Home, farm, factory, street, OF office bldg., etc.) (COUNTY) (STATE) 21. ACCIDENT (Specify) SUICIDE HOMICIDE HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work [22. I hereby certify that I attended the deceased from APRIA 1, 1954, to VAUE 11, 1955, that I last saw the deceased alive on. (Degree or title) DATE SIGNED SIGNATURE 6-11-55 LOCATION (City, town, or county) 23. BURIAL, CREMATION REMOVAL (Specify) OR CREMATORY (State) DATE Ranalls toen, Maryland Mount Olive Cemetery 6-14-1955 Burial 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS REG.

Ellsworth Armacost 4600 Liberty Heights Avenue

The same of the sa South & CENTER CONTROL The state of the s DESCRIPTION OF THE PARTY OF THE

12

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

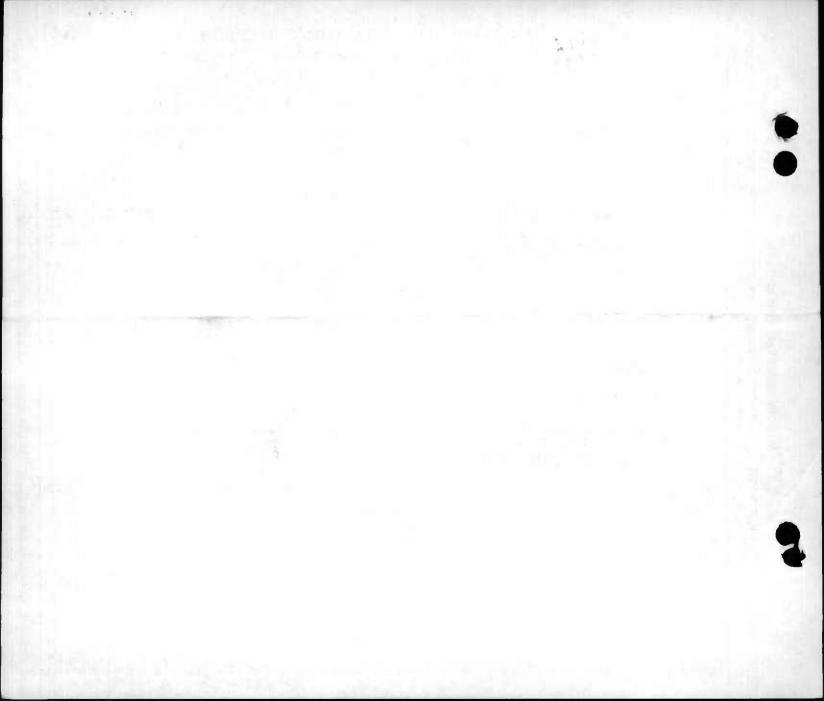
0 13000 15, mal.

| I. PLACE OF DEATH- COUNTY | 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT | Y Bella. |
|---|--|------------------------------------|
| Calumol MARYLAND | - profit. | V Court |
| CITY (If outside corporate limits, write RURAL and CENGTH OF STAY (in this place) TOWN | CITY (If outside corporate limits, write RURAL and gi | ve nearest town) |
| HOSPITAL OR | STREET (If rural give location) | 2 / |
| INSTITUTION OR STREET ADDRESS | ADDRESS /// | oad " |
| 3. NAME OF (First) (Middle) DECEASED (Grant Control of | (Last) 4. DATE (Month) OF AMERICAN MENE | (Day) (Year) |
| (Type or Print) Laa E 1/2 deth | VI CALL DEATH | 1900 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, (MARRIED, WIDOWED, DIVORCED, (Specify) | 28 March 1870 85 yrs. Months | or 1 year If under 24 hrs |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY | Carroll Country, Dist, ma | 2. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Phillips | 14. MOTHER'S MAIDEN NAME Brow | ~ |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) | Stewart Wanty - hust | land |
| | DERTIFICATION | 1 |
| | 7286 212 2072 2014 | INTERVAL BETWEEN |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATE |
| 4221 asteriaseles | ohe CVP | 1 Bereach |
| Immediate cause (a) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not | | |
| related to the disease or condition causing death. | | |
| 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While | HOW DID INJURY OCCUR? | |
| INJURY m. Work At work | | |
| 10 Mark | 1953, to 3 June, 1955, that I last | |
| 1) | | saw the deceased |
| 5 Asime and T | 2:30 / m., from the causes and on the date si | tated above |
| alive on 1995, and that death occurred at. SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
| DIGHT | herville 8, Md. 3 | 1 |
| males N. Williams, M.D. | Mesulle o, ma. | June 30 |
| 23. RURIAL, CREMATION DATE THEREOF NOME OF CEMET | TER OR CREMATORY LOCATION (City, town, or coun | nty) (State) |
| 16/6/33 W | A PURPOSE DE LA COMPANION DE L | A A A DDB DOG |
| ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24 FUNDRAL DIRECTOR | ADDRESS |
| June 4 1955 RW | Forma Gyers 50057 | K Jacobs as |

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. MEDICAL EXAMINER'S CERTIFICATE DEATH I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: The Baltimore Md. COUNTY MARYLAND STATE COUNTY Baltimore legibl carefully. CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town) (in this place) TOWN Baltimore /22 334R DAMAU HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS /4 llı Liberty Parkway f information death clearly (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED: MICHAEL (Type or Print) JOHN DEATH 19 WEISS 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNOER I YEAR | IF UNDER 24 HRS. 6. COLOR OR WIDOWED, DIVORCED RACE: Months (Specify): SINGLE of 10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT INDUSTRY: work done during most of work life, COUNTRY? even if retired): ABOREI 11SCELLANEOUS U15,79. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: FOR (Yes, no, or unk.) | (If Yes, give war or dates of FLOYD - SHME ADDRESS service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Arteriosclerotic cardiovascular disease (a)... Immediate cause DUE TO Antecedent cause(s) Coronary occlusion (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes X No 21s. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State) PRIMARY Or CONTRIBUTING E PLAINLY especially im CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while INJURY work [at work [

RITH is e

PLEASE

86 8

22. I hereby certify that I took charge of the remains described above, held an Autopsy I, Inspection , Inquiry . and find that death resulted from: Natural causes II, Accident [], Suicide [], Homicide [], Undetermined cause []. SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION. DATE THEREOF (NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

REMOVAL (Specify): 6-20-55 DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE

ALTIMORE 24. FUNERAL DIRECTOR

ADDRESS

BUREAU V. E.

SECEIVED SES

MARGIN RESERVING FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

05419

| 5412 2411 N. Char | des St., Baltimore 05419 |
|--|--|
| CERTIFICA | TE OF DEATH Reg. Dist. No |
| 1. PLACE OF DEATH: County | Street No. 430 Riverview Road (If rurnl, give LOCATION) *** 2.(a) If veteran, name war |
| 3.(a) FULL NAME James Corum Wilhelm | 3. (b) Social Security Number 705-05-5995 |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married Married | 20. DATE OF DEATH SERVE 15 1855 at 4 9 |
| 6.(6) Name of husband or wife Jessie (Beatty) Wilhelm 7. Birth date of deceased (mo., day, yr.) June 15, 1884. | 21 I CERTIFY that bear occurred on the date above stated; that I attended deceased from 1952 and Wat I last saw h 1952 |
| 8. AGE: Years Months Days It less than one day 71 * * Indicate the state of the sta | Immobile cause of death formula de la death de la deat |
| 9. Birthplace | Due to. Due to. |
| 12. Name | Other conditions |
| 16. Intermant Mrs Jessie Wilhelm (Wife) Address 430 Riverview Rd. Essex Baltimore 25Mg | d PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. Burial Date thereof June 18,1955 (Burial, cremation, or removal, Which?) Cemetery or crematory New Cathedral Cemetery | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Beltimore Md 18. Funerat director 9 Melville Jenkins: Address 27/3 Hirk Cube Baltimore Ma 19. 6 - 19 18 Registrar | Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. STORATURE. M/D. or other Address//3 Entran Gal. Batto 2 Date signed. |

Care.

STATE OF STATE OF STATE OF STATE

TEARLING RENDEREDAY

DAME TO STATE

| Alexander - Trailing | | |
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MARYLAND STATE DEPARTMENT OF HEALTH

5413

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

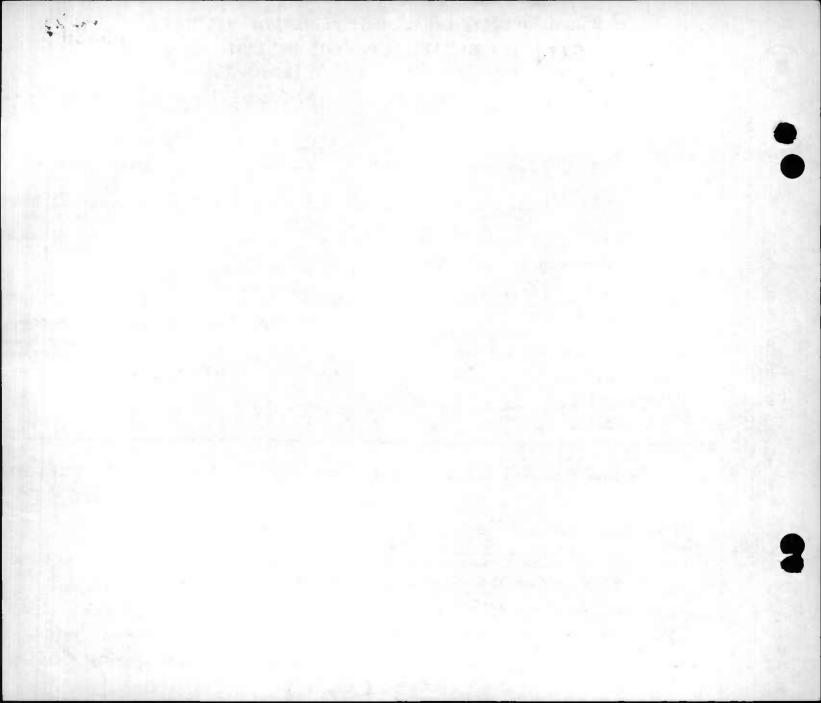
| 1. PLACE OF DEATH- COUNTY | 2. USUAL RESIDENCE (HOME) OF DECEASED. | n 1/2 |
|--|--|-----------------------|
| BOLLO MARYLAND | STATE Nd Balt COUNT | . X |
| CITY (If outside corporate limits, write RUBAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and g | ive negrest town) |
| OR give nearest town) TOWN (in this place) TOWN | UR 3 | // Woman and nown () |
| HOSPITAL OR | TOWN Dalto20 | |
| INSTITUTION OR ## | STREET (If rural, give location) | 6 |
| STREET ADDRESS 506 Seneca Park Rd | # 506 SeNeca Pa | a-K Dd |
| B. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| DECEASED () | OF CONTRACTOR | (Day) (Iest) |
| (Type or Print) FRAR (No. 17. SINGLE, MARRIED. | KINSON DEATH JUNE | 29 195 |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | A DATE OF BIRTH 9. AGE last hirthday If under | I year If under 24 hr |
| Male White (Specify) Married | 1 July 8-1879 75- yrs. Months | Days Hours Min |
| 0a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR | | 2. CITIZEN OF WHAT |
| done during most of working life, even if retired) INDUSTRY | 0 | COUNTRY? |
| 3. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | usa |
| | 14. MOTHER'S MAIDEN NAME | |
| Stephen A. Wilkinson | Mazy T. Frayser | |
| IS. MYAS DECEASED EXER IN U.S. ARMED MORCES? I.B. SOCIAL SECTION NO. | 17. INFORMANT AND ADDRESS | |
| Yes, no, or unknown) (Il yes, give war or dates of service) | Mrs Stephen A Williams # 30 | 10 |
| | TO DITTO GOVERNO | 6 Sunuey RI |
| 18. MEDICAL C | ERTIFICATION / | INTERVAL BETWEEN |
| DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| 199.9 | | 11. |
| Immediate cause (a) accommandate | Clarelesed | Fronte |
| | Kaite . O | |
| Antecedent cause(s) | order of the second | |
| Diseases or conditions, if any, (b) dite of process | cy and comming | |
| atating the underlying cause last | 1" | |
| (c) | | 1 |
| I. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not | heart Parlice | 3 weeks |
| related to the disease or condition causing death. | man partie | Judios |
| 9a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes No I |
| 21. ACCIDENT (Specily) PLACE (Home, farm, factory, atreet, | (CITY OR TOWN) (COUNTY | |
| SUICIDE OF office bldg., etc.) | (000412 |) (DIMIN) |
| HOMICIDE INJURY | · WAR DYN THURST A CONTROL | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While | HOW DID INJURY OCCUR? | |
| INJURY m. Work At work | | |
| | | |
| 22. I hereby certify that I attended the deceased from deat | 4. 1950 to Gune 29 1955 that I last | hoppond the deceased |
| 0 | | |
| alive on | | tated above. |
| SIGNATURY. (Degree or title) | ADDRESS | DATE SIGNED |
| 210/4001 200 | Ridle Rd B at 1010 1 191 | 1. 20% |
| My there 14) | uye ha mallimore 6 ma | June dy/s |
| 3. BURIAL, CREMATION DATE THEREOF NAME OF CEMET | ERY OR CREMATORY LOCATION (City, town, or cour | (State) |
| REMOVAL (Specify) | | (Suite) |
| Burial 1/2/33 Parkw | 006 (2 m 1341. | to Md |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| 1/6/3 bath wirler | Lassahn Funeral Home 740 | 1. Belin Old |
| | | |

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDIN

VS. A15

BUREAU V. S. 1955

Dr. Fuller



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5415 CERTIFICATE OF DEATH

The

MARGIN RESERVED FOR BINDING

vs. A15 -- 10 - 53

Reg. Dist. No. 3

| 0110 | |
|---|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY DALLO CO MARYLAND | STATE Mid COUNTY Falls |
| CITY (If outside oprporate limits, write RURAL LENGTH OF STAY OR and give hearest town) (in this place) | CITYII outside corporate limits, write RURAL and give nearest town) |
| X TOWN Gandallstown 9 Mo | TOWN Jandalstown X |
| HOSPITAL OR MOSTITUTION OR MOSTREET ADDRESS Mostle Chapman Road | ADDRESS Toth Chapman Poad |
| DECEASED: Wary 3 | (Last) 4. DATE (Mpnth) (Day) (Year) OF DEATH: Mule 16 19 5 |
| Service of the Specify of the Specific of | 19. AGE last birt/day IF UNDER 1 YEAR HOURS 24 HRS. Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Structure) (OR INDUSTRY: | 11. BIRTHPLACE (State of foreign country): 12. CITIZEN OF WHAT COUNTRY! |
| 13. FATHER'S NAME: Hewton A. Bovard | adaline J. Belsterling |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | Herrton B. Hood Pandallstown Ind |
| 18. MEDICAL CERTIFICAT | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| 4 dd. 1 Cardio. | vascular 6 island |
| ANTECEDENT CAUSE (8) | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO | |
| (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | N 20. AUTOPSY? |
| 0 | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from 6./ | 1., 1921, to 6/10/, 1952, that I last saw the deceased |
| | M, from the causes and on the date stated above. ADDRESS DATE SIGNED |
| 23. BURJAL, CREMATION, PATE THEREOF NAME OF CEMET | ERY GREMATORY LOCATION (City, town, or county), (State) |
| REPORTS June 18/1955 Suns | LA. Wickay DIRECTOR, ADDRESS |
| DATE REC'D BY LOCAL / REGISTRAR'S SIGNATURE | ADDRESS . |

SSGI OF THE

BUREAU V. &

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH_RALTIMODE 10 05491

| MAICHAND | STATE DEPARTM | ENT OF HEALTH—B | ALTIMORE, I | 8 miles |
|----------|---------------|----------------------|-----------------|-------------|
| 5280 | CERTIFICA' | TE OF DEATH | Reg. I | Dist. No. 4 |
| ATH: | | 1 2. USUAL RESIDENCE | (HOME) OF DECEA | SED: |

| | 0.00 | | |
|------------|---|---|----------------------------------|
| × | I. PLACE OF POATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| legipi | COUNTY BULLS MARYLAND | STATE MEN COUNTY | Barre |
| le | City (If estaide corporate limits, write BURAL LENGTH OF STAY | CITY(If outside corporate limits, write RURAL an | d kive nearest town) |
| and | OR and nearest town) (in this place) | OR / | 63 |
| 2 | 3 TOWN Mudally 190. | TOWN Mundall | 23 |
| > | HOSPITAL OR INSTITUTION OR | ADDRESS (If yoral give location) | - 1 |
| ar | OT STREET ADDRESS O / DIE TO | IR Rules I | 01 |
| clearly | 110 vicuous 6 1-0-5 | | |
| | 3. NAME OF First (Middle) | Last) 4. DATE (Month) (D. | (Year) |
| death | (Type or Print) | DEATH DEATH ONE | 24 19 55 |
| | | OF BIRTH: 19. AGE last birthday IF UNDER I VE | AR IF UNDER 24 MRE. |
| of | RAGE: WIDOWED, DIVORCED. | 87 yrs Months Da | ys Hours Min. |
| SS | TOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. C | |
| n S | work done during most of working life. OR INDUSTRY: | 11. BERTHIERCE (state of foreign country): 12. | COUNTRY? |
| causes | even is towals: | Julio | |
| the | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | 1 |
| +3 | January July Jan | Many V. Lela OA | |
| e e | parent warm | may our | |
| write | IS, WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS 118 Uli | Euro To |
| | (Yes, no, or unk.) (if Yes, give war or dates of service) | Mrs. L.J. Tidata | |
| ease | 18. MEDICAL CERTIFICATI | ION | |
| ple | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND LEATH |
| 1 | 420.1 | 7/ / / / / / / / / / / / / / / / / / / | A LEXIN |
| 202 | IMMEDIATE CAUSE (A) | rong mon 1200 | 10 does 1 |
| an | DUE TO . / | oschoti (.V. disesil | |
| 101 | ANTECEDENT CAUSE (S) | a sortante (1) de cono | 7 0 |
| Physicians | DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO | o according to C. V. Dutage | |
| 2 | STATING UNDERLYING CAUSE LAST. DUE TO | | |
| ئب | (C) | | |
| important. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| rt | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| odi | 19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | | |
| in | 132. SALE OF OF ENAMEDING | | 20. AUTOPS Y? |
| > | | | YES NO |
| all | 21A. ACCIDENT WAS UNDERLYING [21B PLACE (Home, farm, facto | ory. 21c. WHERE DID (City or town) (County |) (State) |
| especially | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., | etc. INJURY OCCUR? | |
| spe | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED | 21r. HOW DID INJURY OCCUR? | |
| ě | OF INJURY While Not while | | |
| 20 | M. at work at work | | |
| o | 22. I hereby certify that I attended the deceased from | 1, 19 55 to June 24, 19 55 that I last | saw the deceased |
| age | 1 21 55 | (1) | |
| بد | alive on 1993, and that death occurred at | | tated above. |
| e. | 5 loll of headens als | 6714 Holden N and 6 | 12//0- |
| correct | | D. OTTORING | 104/00 |
| ٥ | 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE | RY OR CREMATORY LOCATION (ty, town, or | county) (State) |
| | auliax dona 21,00 terroale | and worked | us med |
| | DATE PEC'D BY LOCAL REGISTRAR'S SIGNATURE | . FUNERAL DIRECTOR | ADDRESS |
| | REGISTRAR S. 1955 R.IV. | Dul-/ Xelyana | |
| | 1 / A 1 ML (A 3 / 1 / 3 7 / 1 / 1 / 1 / 1 / 1 | | 0 - |

De machowiah ave

| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED: (Type or Print) MARY LENGTH OF STAY (in this place) (in this place) CITY(If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS (If this place) (If this place) (If this place) CITY(If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS (If in this place) (If this place) OR TOWN Baltimore STREET ADDRESS (If in this place) OR TOWN Baltimore WILFERT OF DE/ | COUNTY nits, write RURAL and | give nearest town) |
|--|------------------------------|--|
| CITY «If outside corporate limits, write RURAL (in this place) CITY If outside corporate limits, write RURAL (in this place) CITY If outside corporate limits, write RURAL (in this place) CITY If outside corporate limits (in this place) ROSPITAL OR INSTITUTION OR STREET ADDRESS 812 Regester Ave. STREET ADDRESS STREET ADDRESS CITY If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS CITY If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS CITY If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS CITY If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS CITY If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS CITY If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS CITY If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS CITY If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS CITY If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS CITY If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS CITY If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS CITY If outside corporate limits, write RURAL (in this place) OR TOWN Baltimore STREET ADDRESS OF OF OR TOWN BALTIMORE OF OR TOWN BALTIMORE OR TOWN BALTIM | nits, write RURAL and | |
| OR and give nearest town) OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Regester Ave. 3. NAME OF DECEASED: (Type or Print) MARY (in this place) OR TOWN Baltimore STREET ADDRESS (If ADDRESS (Middle) (Last) OF O | rural give location) | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Regester Ave. 3. NAME OF DECEASED: (Type or Print) MARY HOSPITAL OR STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS (If in the part of the part | rural give location) | 3401-4 |
| INSTITUTION OR STREET ADDRESS 812 Regester Ave. 3. NAME OF DECEASED: (Type or Print) MARY ATMACOST Nursing Home ADDRESS (Middle) (Last) OF OF DECEASED: (Type or Print) MARY WULFERT | | |
| 3. NAME OF DECEASED: (Type or Print) MARY WULFERT 2552 W. WULFERT 2552 W. 2552 W. (Last) 4. DAT OF DECEASED: (Type or Print) MARY WULFERT | Balto. St. | |
| 3. NAME OF (First) (Middle) (Last) 4. DAT DECEASED: OF (Type or Print) MARY WULFERT DEA | | 1 |
| (Type or Print) MARY WULFERT DE | TE (Month) (Day | (Year) |
| | ATH: June 1 | 1955 |
| RACE: WIDOWED DIVORCED | birthday IF UNDER I YEA | R IF UNDER 24 HRS. |
| Female White Specify Widowed Aug. 22, 1878 76 | yrs. Months Day | Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or fore | | |
| even if retired): | CC | DUNTRY? |
| Houvewife Maryland 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAM | ME: | |
| Jaman Shahak | | |
| James Shabek Unknown 15. Was deceased ever in U.S. Armed Forcest 18. Social Security No. 17. INFORMANT & ADDRESS | | |
| (Yes, no, or unk.) (If Yes, give war or dates | | |
| no Mr. Jack Wulfert-3 | 317 Dixie Dr. | Towson |
| 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | NTERVAL BETWEEN |
| 1120.1 | | NSET AND CEATH |
| IMMEDIATE CAUSE (A) Chronau/hrant | Lacin ! | 2 day |
| ANTECEDENT CAUSE (S' DUE TO | | |
| DISEASES OR CONDITIONS, IF ANY, (B) With estensine fac. | Alex- Kensk | |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | | |
| (c) // Vasquelas h | Cuscass | 111-1 |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | The same of the sa |
| DISEASE OR CONDITION CAUSING DEATH. | | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City of OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? | r town) (County) | (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCURRED While Not while | CUR7 | |
| M. at work at work | | |
| 22. I hereby certify that I attended the deceased from June 1951, to June 11, 1 | 9VV. that I last s | w the deceased |
| alive on Second 11, 1955, and that death occurred at 62 M, from the causes a | | |
| SIGNATURE ADDRESS | DATE | signed |
| Mailes + Choundland M. D. 750/ Mich Re | of Tarresty | nl 6/13/55 |
| 23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATI | ION (City, town, or co | ounty) (State) |
| Burial (SPECIFY) 6/14/55 Lorraine Park Cem. Woo | dlawn, Md. | 17 |
| DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE | | ADDRES / |
| REGISTRAR JUNEAU SIGMA J. Viele | nest sou | 1-BARTINIA |

Down

TEMENT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 correct MEDICAL EXAMINER'S I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. county Daltimore MARYLAND STATE Maryland county Baltimore carefully. CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) TOWN Catonsv 5mo Benges HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS Spring Bowleys Quarter Road f information death clearly (Middie) (Last) 3. NAME OF DECEASED: 4. DATE (Month) (Year) Melvin or MIECZYSLAW Zurek June 20. (Type or Print) DEATH 19 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, RACE: Months Days Hours Min. Male (Specify): of 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: ly every item of COUNTRY? even if retired): shorer Marviland 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Dorothy Kubick Peter Zurek 15. WAS DECEASED EVER IN U.S. ARMED FORCES ?! 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Unknow service) Records Spring Grove State Hospital Supply Unknown 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH 1420,0 Immediate cause Acute cardiac failure DUE TO ADING icians: p Antecedent cause(s) Arteriosclerotic heart disease. (b) Diseases or conditions, if any, MARGIN giving rise to the above cause DUE TO Stating underlying cause last UNF/ Physi IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE General Paresis DISEASE OR CONDITION CAUSING DEATH. PLAINLY, WITH pecially important. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes | No | 21c. (City or town) 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, (County) (State) PRIMARY | or CONTRIBUTING | street, office bldg., etc., CAUSE OF DEATH. INJURY 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) While at Not while INJURY work [at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural/causes M. Accident [], Suicide [], Homicide [], Undetermined cause []. WRITI ge is e CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) (State) REMOYAL (Specify): PLEAS 24 FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

